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**EVALUATING THE ACCURACY AND READABILITY
OF NOTICES SENT TO BENEFICIARIES BY THE
SOCIAL SECURITY ADMINISTRATION**

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Evaluating the Accuracy and Readabi...

HEARING
BEFORE THE
SUBCOMMITTEE ON SOCIAL SECURITY
OF THE
COMMITTEE ON WAYS AND MEANS
HOUSE OF REPRESENTATIVES
ONE HUNDRED THIRD CONGRESS

SECOND SESSION

MARCH 22, 1994

Serial 103-80

Printed for the use of the Committee on Ways and Means



U.S. GOVERNMENT PRINTING OFFICE

82-477 CC

WASHINGTON : 1994

For sale by the U.S. Government Printing Office
Superintendent of Documents, Congressional Sales Office, Washington, DC 20402

ISBN 0-16-045851-X

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**EVALUATING THE ACCURACY AND
READABILITY OF NOTICES SENT TO
BENEFICIARIES BY THE SOCIAL SECURITY
ADMINISTRATION**

TUESDAY, MARCH 22, 1994

HOUSE OF REPRESENTATIVES,
COMMITTEE ON WAYS AND MEANS,
SUBCOMMITTEE ON SOCIAL SECURITY,
Washington, D.C.

The subcommittee met, pursuant to notice, at 11 a.m., in room B-318, Rayburn House Office Building, Hon. Andy Jacobs, Jr. (chairman of the subcommittee) presiding.

[The press release announcing the hearing follows:]

FOR IMMEDIATE RELEASE
WEDNESDAY, MARCH 9, 1994

PRESS RELEASE #12
SUBCOMMITTEE ON SOCIAL SECURITY
COMMITTEE ON WAYS AND MEANS
U.S. HOUSE OF REPRESENTATIVES
1102 LONGWORTH HOUSE OFFICE BLDG.
WASHINGTON, D.C. 20515
TELEPHONE: (202) 225-1721

**THE HONORABLE ANDY JACOBS, JR. (D., IND.), CHAIRMAN,
SUBCOMMITTEE ON SOCIAL SECURITY,
COMMITTEE ON WAYS AND MEANS, U.S. HOUSE OF REPRESENTATIVES,
ANNOUNCES A HEARING TO EVALUATE THE ACCURACY AND READABILITY OF
NOTICES SENT TO
BENEFICIARIES BY THE SOCIAL SECURITY ADMINISTRATION**

The Honorable Andy Jacobs, Jr. (D., Ind.), Chairman, Subcommittee on Social Security, Committee on Ways and Means, U.S. House of Representatives, today announced that the Subcommittee will hold a hearing to evaluate the accuracy and readability of notices sent to beneficiaries by the Social Security Administration (SSA). The hearing will take place on Tuesday, March 22, 1994, in room B-318 of the Rayburn House Office Building, beginning at 11:00 a.m.

BACKGROUND:

Over the last decade, the Subcommittee on Social Security has received numerous complaints about the quality of notices sent to beneficiaries by the Social Security Administration. Advocates for the elderly and people with disabilities have asserted that SSA notices are often confusing, misleading and insensitive to the feelings of beneficiaries.

According to a May 1992 report issued by the Department of Health and Human Services' Office of Inspector General (OIG), in 1990, SSA sent 241 million notices, or an average of 6 notices a year, to 39 million beneficiaries.

The contents of these notices range from providing routine information, such as the amount of the beneficiary's annual cost-of-living adjustment, to explaining more complex matters, such as disability decisions. Moreover, many notices require beneficiaries to contact SSA within a certain period of time in order to file an appeal or take other action.

In recent years, SSA has attempted to improve notices by revising its notice standards. These standards require notices to be written at a 6th grade reading level, contain no agency jargon, have an average sentence length of 15-20 words, and consist of paragraphs no longer than seven lines. In addition, the agency's notice format includes bolder print, wider margins, sectional headings, simpler language, and shorter sentences.

Despite efforts by SSA to improve the readability of its notices, the OIG report determined that only 63 percent of beneficiaries found SSA mail easy or very easy to understand -- a 13-percent decrease from 1987. While most beneficiaries understood the main message of the high-volume notices studied by the OIG, they did not understand additional information contained in the notice. Seventy-two percent of beneficiaries surveyed by the OIG missed one or more questions concerning actions that they were required to perform or could take as an option.

(MORE)

Several factors contribute to beneficiary confusion. First, over 15 different SSA computer systems generate notices. Each system contains individual paragraphs which are combined to form a notice. The number of paragraphs per system varies, depending upon the subject matter, but ranges from 10 paragraphs on the smallest system, to 350 paragraphs on the largest.

One common complaint about SSA notices is that these computer-generated paragraphs may contain incomplete information and are often arranged in illogical order. Information included in the paragraphs do not flow in a clear or logical manner, and critical information is often found at the end of the notice. This can result in serious problems for a beneficiary who fails to read the entire notice.

Second, although SSA's own notice standards prohibit the use of agency jargon, notices contain words or phrases which are familiar only to individuals who work for SSA or attorneys who represent Social Security claimants. Average citizens are left to guess as to the meaning and significance of these words and phrases.

Finally, critical information may be missing from notices. For example, the Subcommittee has received complaints from claimant representatives that some notices are not dated. Individuals who are required to appeal an SSA decision within 30 days have no way of knowing exactly when the filing period began.

SSA's inability to resolve problems with its notices contributes to greater workloads for the agency because confused beneficiaries are forced to call SSA or visit their local field office for an explanation of their notices.

FOCUS OF THE HEARING:

The hearing will examine the impact of confusing, misleading, and insensitive notices on both beneficiaries and SSA, including:

- * the extent to which confusing, misleading, and insensitive notices are being produced by SSA;
- * the effect of these notices on beneficiaries;
- * the impact of misleading and confusing notices on SSA's workload; and
- * the kinds of changes SSA should make to improve the readability of its notices.

DETAILS FOR SUBMISSION OF REQUESTS TO BE HEARD:

Requests to be heard at the hearing must be made by telephone to Harriett Lawler, Diane Kirkland, or Karen Ponzurick [(202) 225-1721] no later than close of business Tuesday, March 15, 1994. The telephone request should be followed by a formal written request addressed to Janice Mays, Chief Counsel and Staff Director, Committee on Ways and Means, U.S. House of Representatives, 1102 Longworth House Office Building, Washington, D.C. 20515. The Subcommittee staff will notify by telephone those scheduled to appear as soon as possible after the filing deadline. Any questions concerning scheduled appearances should be directed to the Subcommittee staff [(202) 225-9263].

(MORE)

In view of the limited time available to hear witnesses, the Subcommittee may not be able to accommodate all requests to be heard. Those persons and organizations not scheduled for an oral appearance are encouraged to submit written statements for the record of the hearing. All persons requesting to be heard, whether they are scheduled for oral testimony or not, will be notified as soon as possible after the filing deadline.

Witnesses scheduled to present oral testimony are required to summarize briefly their written statements in no more than five minutes. THE FIVE MINUTE RULE WILL BE STRICTLY ENFORCED. Chairman Jacobs advises witnesses that the shortest testimony presented to the Subcommittee will receive a silver dollar and the runner-up a Kennedy half-dollar. The Congressional Budget Office and similar U.S. Government agencies may be granted an exception. The full written statement of each witness will be included in the printed record. 7

In order to assure the most productive use of the limited amount of time available to question witnesses, all witnesses scheduled to appear before the Subcommittee are required to submit 200 copies of their prepared statements to the Subcommittee on Social Security office, room B-316 Rayburn House Office Building, at least 48 hours in advance of their scheduled appearance. Failure to do so may result in the witness being denied the opportunity to testify in person.

WRITTEN STATEMENTS IN LIEU OF PERSONAL APPEARANCE:

Any persons or organizations wishing to submit a written statement for the printed record of the hearing should submit at least six (6) copies of their statements by the close of business, Tuesday, April 5, 1994, to Janice Mays, Chief Counsel and Staff Director, Committee on Ways and Means, U.S. House of Representatives, 1102 Longworth House Office Building, Washington, D.C. 20515. If those filing written statements wish to have their statements distributed to the press and interested public at the hearing, they may deliver 200 additional copies for this purpose to the Subcommittee office, room B-316 Rayburn House Office Building, before the hearing begins.

FORMATTING REQUIREMENTS:

Each statement presented for printing to the Committee by a witness, any written statement or exhibit submitted for the printed record or any written comments in response to a request for written comments must conform to the guidelines listed below. Any statement or exhibit not in compliance with these guidelines will not be printed, but will be maintained in the Committee files for review and use by the Committee.

1. All statements and any accompanying exhibits for printing must be typed in single space on legal-size paper and may not exceed a total of 10 pages.
2. Copies of whole documents submitted as exhibit material will not be accepted for printing. Instead, exhibit material should be referenced and quoted or paraphrased. All exhibit material not meeting these specifications will be maintained in the Committee files for review and use by the Committee.
3. Statements must contain the name and capacity in which the witness will appear or, for written comments, the name and capacity of the person submitting the statement, as well as any clients or persons, or any organization for whom the witness appears or for whom the statement is submitted.
4. A supplemental sheet must accompany each statement listing the name, full address, a telephone number where the witness or the designated representative may be reached and a topical outline or summary of the comments and recommendations in the full statement. This supplemental sheet will not be included in the printed record.

The above restrictions and limitations apply only to material being submitted for printing. Statements and exhibits or supplementary material submitted solely for distribution to the Members, the press and the public during the course of a public hearing may be submitted in other forms.

Chairman JACOBS. In plain English, the appointed hour has arrived, and we will conduct our hearing on communications, or miscommunications, from the Social Security system. We will not admit into the record any books by Laswell Toth. However, I will submit my opening statement.

[The prepared statement follows:]

Today, the Subcommittee on Social Security will evaluate the accuracy and readability of notices the Social Security Administration sends to beneficiaries.

For most Americans, receiving mail from the Federal Government can be a somewhat intimidating experience. People often view the Government as an enormous, impersonal institution with no real bearing on their daily lives. This impression of government changes quickly however when taxpayers receive letters from SSA which inform them that they are ineligible for benefits, they owe money to SSA or that their benefits are being terminated.

In the past few years, the Subcommittee on Social Security has received a wide variety of complaints about the quality of notices that SSA sends to the public. Generally it has been said that the notices are confusing, misleading, illogically arranged and sometimes inaccurate.

In response to these complaints, the Subcommittee requested that legal service organizations and attorneys representing social security beneficiaries send examples of inadequate social security notices to the Subcommittee. Two of the examples the Subcommittee received were of particular concern.

In the first example, the beneficiary received two notices from the Social Security Administration on the same day. One notice informed the beneficiary that he had been overpaid \$74.86 and that his benefits would be reduced to recover the overpaid amount. In the second notice, the beneficiary was informed that he had been underpaid by SSA and that he would be receiving a check for \$39.26.

The second example contained a simple math error. SSA informed the beneficiary that she would be receiving a cost-of-living adjustment which would bring her monthly benefit payment to \$759.00. The amount included a deduction of \$24.40 each month for Medicare premiums. The notice stated that without the monthly Medicare deduction her monthly benefit would have been \$883.40--\$100.00 more that she was actually supposed to receive.

Inaccurate notices lead to exasperation and frustration for taxpayers who must rely on SSA for the information they need to make decisions regarding their Social Security benefits which in many cases may be their only source of income. Many beneficiaries are forced to hire attorneys to interpret their notices and cut through the red tape to find a solution to problems caused by SSA's error.

In addition, incomplete and inaccurate notices lead to heavier workloads for SSA at a time when the agency is already overburdened with high workloads and significant staff shortages. Beneficiaries who do not understand their notices must call SSA's 800-number or visit their local Social Security office to clarify their situations.

It's one thing to have mathematical errors --that will happen to anybody once in a great while -- but try the following Social Security notice for size:

Your benefits are being terminated because you are dead
please contact our office...

Social Security is by and large a super administration, but not quite supernatural.

Chairman JACOBS. I yield to Mr. Bunning.

Mr. BUNNING. Thank you, Mr. Chairman.

The subject of today's hearing is, by no means, a new one. We have heard complaints from constituents, caseworkers in our offices, and our local SSA field offices about the confusing notices sent out by the Social Security Administration and its computers.

I am pleased to report that my local Social Security field office has seen a marked improvement in the quality of notices, and the manager of that office tells me that it is very obvious to him that making correspondence more readable and understandable is being emphasized throughout the Social Security Administration. That is encouraging. Yet, we obviously still have a long way to go.

The folks in the Social Security field office still have to spend an awful lot of time explaining notices. This is the No. 1 reason people call our field offices and my district office, to get an explanation on the phone of the explanations they receive in the mail. Resources are just too limited to allow this kind of wasteful and costly miscommunication to continue.

I want to thank our witnesses for being here. I look forward to their testimony.

Thank you.

Chairman JACOBS. Mr. Houghton, do you have any comment to make?

Mr. HOUGHTON. No, Mr. Chairman.

Chairman JACOBS. Our first witness is the Commissioner of the Social Security Administration, Dr. Shirley Chater. You are most welcome, Dr. Chater.

I don't think we could conduct a hearing like this without conceding that letters from Congressional offices aren't always crystal clear. [Laughter.]

My mother says that there is so much good in the worst of us and bad in the best of us that it hardly becomes any of us to say very much about the rest of us.

But it is important, and I think effort ought to be brought to bear to try to say things in plain English. Harry Truman is no longer available, but I understand Barry Goldwater is still active. You might consult with him. Those were two fellows who had a reputation for thinking what they please and saying what they think with some down-home precision.

Dr. Chater, you are most welcome.

STATEMENT OF HON. SHIRLEY S. CHATER, COMMISSIONER, SOCIAL SECURITY ADMINISTRATION

Ms. CHATER. Thank you very much.

Mr. Jacobs, I want to tell you that I am pleased to be here. I care very much, Mr. Jacobs and members of the subcommittee; please do know that I care very, very much about accurate and clear communication.

Chairman JACOBS. Any educator would, Dr. Chater.

Ms. CHATER. In previous testimony before this subcommittee, I have shared with you my vision of world class service that the Social Security Administration should be and will be providing to the public, and I stand by that.

In order to achieve that world class service, our written communication must be first rate. Our communications must be easy to read and easy to understand. They must be effectively done to communicate essential information. They must inform; they must not confuse the reader.

I am pleased to discuss with you today SSA's ongoing efforts and our progress in making our written notices and forms clear, understandable, and informative. I would like to submit my full written testimony for the record, but now briefly summarize some of the key points for you.

Let me begin by pointing out that I am aware of this subcommittee's longstanding interest in this issue and I want to acknowledge your role in stimulating the agency to make improvements in our notices and forms. As the subcommittee has correctly noted, unclear notices cause confusion and consternation for our beneficiaries and certainly create additional workloads for SSA in the form of calls and visits to local offices from beneficiaries seeking clarification, as you indicated.

We are keenly aware that our notices need improving. We are improving them, and I would like to briefly describe for you some of the efforts that we are making in this regard.

First, I want to talk about the notice standards. Our notice improvement initiatives begin with our notice standards. In general, our standards require notices to be written at the sixth-grade level, contain no agency jargon, have an average sentence length of 15-20 words, and consist of paragraphs no longer than 7 lines. We also have standards for layout, margins, typeface, headings, and the like, all elements that enhance the readability of our notices.

These standards were determined based on consultations with leading experts in language, and also through testing with beneficiaries. These notice standards were first published in 1985, and then updated in 1989. We are now undergoing a third update of these standards this year.

The Inspector General has reviewed SSA's notice standards and has concluded that they work well.

Along with my written statement, I have included two notices that have been improved, and you can see in the back of my written statement how the use of headings and various typefaces makes the notices easier to read. The notices also eliminate extraneous material, and most important, they are clear and easy to understand.

However, it is important to note that some of the language in our notices is mandated by various legal requirements, and this tends to limit the potential for streamlining them.

Let me address SSA's workload, an item that you mentioned in your press release, because you have expressed an interest in the impact of our notices on our workload. We are confident that once the new standards are applied to a notice, this will reduce beneficiary confusion and avoid additional workload impacts on SSA.

For example, the Inspector General found that prior to adopting our notice standards, almost half our customers asked for an explanation of the notice. But with the improvements that we have already made, that percentage is now down to 23 percent—not good enough, but down.

The task for SSA now is to apply our notice standards to all of our notices. In this regard, we have three major initiatives underway to accomplish this goal.

The first we call the target notices architecture project. It involves the automated processes by which we produce most of our notices. For example, our title II notices are now developed from 15 different computer software programs. These 15 separate programs contain about 10,000 standard paragraphs. Selections from this set of paragraphs are combined to produce a single notice. This could result in a patchwork document with inconsistent levels of clarity from one paragraph to another.

Our first effort is to merge these 15 separate programs and create a single file. This consolidation will enable us to streamline notice production and to apply our standards for clarity and readability more consistently and easily to our notices. That is the first initiative.

The second initiative is to improve the way we obtain public evaluation of our notices, as suggested in the Inspector General's report. Each year, we will conduct focus group tests with beneficiaries and recipients to obtain their reaction to SSA notices. These focus groups will also make use of the so-called cold readers, that is, people who know nothing about Social Security jargon and who will read notices "cold" to give us their evaluations.

A third initiative has to do with the improvement of the quality of our communications with non-English-speaking customers. We are in the process of translating all of our notices into Spanish. The vast majority of notices and forms are available in Spanish today. All title XVI notices are now available in Spanish, including COLA notices and forms. Some title II notices are also available in Spanish, including the high-volume forms such as the SS-5 form, the application for a number, the 1099 and the COLA notices.

We are developing a plan to assess the literacy skills and needs of other segments of the non-English-speaking public in order to determine whether notices should be produced in other languages.

Those are the three major initiatives underway. Making these improvements is, as you well know, a job of considerable magnitude. Each year, the Social Security Administration sends a total volume of more than 240 million notices and forms to the public. By concentrating on those types of notices with the highest annual volume, we have already made significant progress.

I have provided for you a chart in the back of my written testimony that shows that by the end of this year, we will have improved about 75 percent of our forms and notices. As you can see from the chart and the schedule in my testimony, under our current strategic planning initiative, we expect to have improved all of our notices by 1999. However, I have asked those responsible for this initiative to review that schedule to see if it can be accelerated.

Mr. Chairman and members of the subcommittee, the Social Security Administration is very, very committed to providing complete, clear, and accurate notices to the people we serve. We know our notices can be improved. I think we know how to do it. We have already improved most of our notices, and we just have to get the remaining notices up to our standards.

We will continue to consult with you, the Congress, and with the public to assess and improve the quality of our communications. Thank you.

[The prepared statement and attachments follow:]

**STATEMENT OF SHIRLEY S. CHATER
COMMISSIONER OF SOCIAL SECURITY**

Mr. Chairman and Members of the Subcommittee:

I am pleased to be here today to discuss our continuing efforts to ensure that the notices the Social Security Administration (SSA) sends to the public are clear and informative. I thank you for holding this hearing, because it focuses attention on the importance of effective communication between SSA and the public it serves and gives me the opportunity to tell you about the progress we are making in improving our notices.

Introduction

Let me begin by reiterating my goal that SSA provide the public with the highest possible quality of service--what I call world-class service. This goal applies to all of the service we deliver, whether in person, by telephone, or through the mail. My vision of world-class service includes written notices that are easy to read and understand, that accurately communicate all necessary information, and that clearly indicate any actions or information that we expect from the recipient of the notice. Even though SSA at the initial contact may have handled a customer's case promptly and correctly, if our notices are not clear, the customer may be anxious and confused because he or she does not understand SSA's decision in his or her case.

Clearly there are advantages to SSA as well. When we produce confusing notices, we create additional workloads in the form of inquiries at our field offices and increased demands on telephone service. This is a duplication of efforts to provide the information our customers need. On the other hand, if our customers understand our notices, we can make more efficient use of our resources by devoting them to other public service needs.

Our commitment to clear notices is a key component of our Agency Strategic Plan. Many of our notices still need to be improved in order to meet our goal of world-class service. However, we have made considerable progress, and we have a clear action plan to continue to improve our notices.

I would like to review with you today the process we are using to improve our notices, including our actions taken so far, and our plans for further improvements.

The Challenges

Improving notices involves much more than merely changing words. Before SSA could actually begin to revise notice language, it had to develop a vision of the ideal notice and codify this vision in a new set of SSA Notice Standards. Then it had to make changes in the way its computer systems produce notices, acquire more sophisticated printing equipment, train staff, and develop a process for ensuring that new notice language meets the standards it established. These essential start-up activities consumed a considerable amount of time.

The most formidable challenge results from program complexity and sheer volume. Each year, we send about 240 million forms and notices to the public. They are produced from 15 separate computer software systems and from countless manual processes. About 68 percent of the notices are produced from automated systems. The systems use more than 10,000 different paragraphs to respond to the multitude of circumstances under which we must communicate with the public.

In addition, SSA's notices must meet certain legal requirements, especially if they involve a customer's rights and responsibilities. Sometimes it is very difficult to construct notice language that accomplishes this, without sacrificing simplicity. We believe that one of the best ways to achieve this is to directly involve our customers in reviewing new or revised notices.

I am firmly committed to involving the public in the evaluation of products and services that affect them. I believe that public input improves the final product, by focusing our improvements on public needs and expectations. As early as 1987, SSA tested notice language by obtaining public feedback, and I intend to rely on similar methods of involving the public in notice improvement activities in the future.

What We Have Done

SSA began almost 10 years ago to improve the quality of its notices. The Agency recognized that some of its notices were convoluted and/or confusing, while others were simply difficult to read because of poor format or small print.

As part of this initiative, in 1985 SSA established formal notice standards which specify a variety of printing and writing requirements to make notices easier to read. These standards were based on research into what makes a notice most "readable," and provided a uniform basis for producing quality notices. These criteria included writing at a 6th-grade comprehension level, eliminating jargon, highlighting important ideas, sequencing information so that it flows logically, and using large size type.

In 1989, these standards were updated to further refine the elements of a clear notice and to take into account changing policies and technologies. We will complete a further update by the end of this year, including standards for Spanish as well as English notices.

We have also developed a formal approval process for ensuring that new or revised notices are thoroughly reviewed by all interested parties within SSA to complement the feedback from our customers. This process allows us to identify, discuss, and

resolve issues regarding any aspect of a notice, including legal and policy considerations, systems and operational concerns, and readability objectives. This helps to ensure that our notices are accurate, understandable, and easily produced.

Since 1987, SSA has periodically asked its customers to review its draft notices in "focus group" situations. The Agency has learned a lot from these focus groups and has modified its notices and standards based on this feedback. The overall reaction of these focus groups has generally confirmed the success in improving the clarity of those notices that have been subjected to the notice improvement process.

Our notice improvement efforts have produced tangible results. By the end of this year we will have significantly improved the appearance and language of almost 75 percent of the 240 million notices we send out.

We have made many improvements. For example, we now place the information that is most important to the reader at the beginning of a notice. We have replaced bureaucratic words such as "determination" and "entitled" with more commonly understood terms such as "decision" and "qualified." We have begun to use headings to help our customers quickly find the information they need. And, we have improved our notices by adding a signature or title because customers like to know who is writing to them. To illustrate these changes, I have attached improved versions of what had been two complex and confusing notices.

Studies conducted by the General Accounting Office and the Office of the Inspector General (OIG) of the Department of Health and Human Services show that, before SSA's notice improvement initiative, almost half of SSA's customers asked for an explanation of their Social Security mail. Improving our notices has reduced this number to 23 percent thus far.

In addition to the language and format improvements, we have begun to streamline the way we generate notices. To do this, notice language contained in 15 separate computer software systems is being gradually merged into a single central file, which we call the national text file. We have completed work on two of the 15 systems, and expect to complete work on three additional systems by the end of 1995. We are not satisfied yet, but I believe we have made excellent progress in our notice improvement initiative.

OIG Report

Mr. Chairman, your press release mentioned a report on the clarity of Social Security notices issued in May 1992 by OIG. OIG reviewed a number of SSA notices to see if they were clear, understandable, appropriate to the audience, and in conformity with SSA's notice standards. The report contained three major findings:

- o SSA notice standards worked well, but many automated notices had not been upgraded yet;
- o Notices provided by certain systems, such as those relating to overpayments and other postentitlement actions, were particularly hard to understand; and
- o SSA had no on-going process for reviewing notices.

In addition, as part of this review, OIG recommended that SSA periodically monitor the readability of notices. In particular, OIG pointed out that, while SSA had asked for public feedback on notices in limited situations, it did not have a process for using this feedback routinely to evaluate the effectiveness of its notices.

We found the OIG report to be very helpful, and view it as an endorsement of our notice standards. We agreed with all of the recommendations and have followed them in our efforts to improve notice quality. OIG noted, and we agree, that our work is not yet complete and that there are many notices that do not yet meet our standards. However, when this initiative is complete, all of our notices will meet the high standards that we have established. We have also incorporated notice evaluation within our notice improvement initiative. We are continuing to work with OIG as we proceed with our notice improvement efforts.

Where We Go From Here

Mr. Chairman, in your press release you also asked about the kinds of changes SSA should make to improve the readability of its notices. In the remainder of my testimony, I will discuss our plans for making further changes.

Although SSA had been making progress in improving notices, the Agency Strategic Plan, issued in September 1991, provided increased impetus and direction for our planning to improve notices and our capability to produce them. The strategic plan set up a goal-oriented, proactive planning process to deal systematically with the most critical issues facing SSA. It provides a formal process to prioritize our projects, and to ensure that planning and decisionmaking throughout SSA fully support these priorities. When I came to SSA last year, I

reemphasized the strategic plan as our primary working tool to give clear impetus to SSA's future. I have requested that it be updated by the Fall of 1994.

The strategic plan emphasizes our commitment to public service, and notices, one of our primary ways of communicating, play a critical role in this goal. Based on the guidelines established by the plan, we have devised and implemented a comprehensive set of initiatives that will help us achieve our goals. Once these are completed, I am confident that our notices will support our initiative. Furthermore, we will have in place an ongoing process to continuously improve our notices and service. I will now describe these initiatives.

1. Target Notices Architecture

One key initiative in our effort to improve notices is what we call the "Target Notices Architecture" project. As I mentioned earlier, the focal point of this initiative will be to move notice language from 15 different computer software programs into a single national text file. Target Notices Architecture gives us the framework to streamline notice production, eliminate duplication of language, increase automation, and apply our notice standards more uniformly to the notices in our text file. We strongly believe that consolidating our language will reduce administrative tasks and increase efficiency.

In the short term, we will focus on notices to our customers receiving retirement, survivors, and disability benefits. Because Supplemental Security Income notices are already in a central file, we do not plan to merge these notices into the national text file until the work on other Social Security notices is complete.

Through other related software improvements, we will increase the amount of notices that are automated wherever possible, particularly for Supplemental Security Income notices. We plan to begin this in 1995 and complete this effort in 1999. Relying more on automated notices will allow us to better ensure that notices meet our standards. More automated notices will also relieve SSA's field offices of the more labor-intensive burden of preparing manual notices.

2. Notice Evaluation

Our second initiative is to improve the way we obtain public evaluation. First, we are revising the way in which we collect public feedback on notices so that we can better use public input to improve our notices. Second, we are developing a system for obtaining an ongoing public evaluation of our notices as OIG suggested.

For example, we are now pursuing the following strategies for better public feedback on notices.

- o We are working with OIG to target specific notice areas for study.
- o We will conduct focus group tests each year with beneficiaries and recipients to obtain their reactions to SSA notices. We will solicit feedback on language and format, as well as suggestions for improvement.
- o Using internal SSA resources, we are developing an ongoing, statistically valid survey of potential notice recipients to determine how well they understand SSA notices.

3. Assess Needs of Our Non-English Speaking Customers

Finally, let me discuss our third initiative which concerns notices to our non-English speaking customers. In 1991, we reported to Congress about notices for the non-English speaking public. Our report said we planned to make more Spanish notices available to the public, but that we did not plan to translate our notices into other languages. Our research indicated that, while SSA beneficiaries spoke numerous languages, other than Spanish, relatively small numbers of individuals spoke any one of those languages. As a result, the administrative cost of translating and automating our thousands of notice paragraphs into numerous languages would be substantial.

Since that time, however, we recognized that more of our non-English speaking customers were contacting field offices and teleservice centers for explanations of material we sent out in English and that they were waiting longer for service. Thus, we were not providing the kind of public service we wanted to provide to the non-English speaking public. Also, this was putting an additional strain on our field offices, particularly in urban areas.

As a result, we decided to translate all of our notices into Spanish. Before we consider committing substantial resources to developing notices in other languages, we want to be sure that the people who speak those languages can also read in those languages. Therefore, we are developing a plan to assess the literacy skills of the largest groups of our non-English speaking public (excluding Spanish). This effort will provide us with critical information that will allow us to make informed decisions as to how best to communicate with the largest groups of our non-English speaking customers.

Timeframes

I have attached a chart to my statement that shows the progress we have made thus far in improving our notices, and the progress we expect to make in the future. As the chart indicates, we focused our initial efforts on high volume forms and notices because so many people would benefit from the improvements. As we work on lower volume notices, the rate of progress will level off.

Consistent with the strategic plan, we have developed a detailed schedule of notice improvement actions that we plan to take by September 1999. I have attached a second chart to my statement which graphically illustrates the extent of our planning. I have asked the responsible components within SSA to reexamine the current plan to determine whether it is feasible to accelerate the schedule.

Conclusion

In conclusion, Mr. Chairman, let me emphasize my firm resolve to improve our notices so that they meet our objectives of providing the American people with world-class service. We have now set the framework and developed detailed action plans, and we are well on our way toward accomplishing this goal. We have already improved the language and format of about three out of every four notices that the public receives from us, and we are on schedule to do the same for the remaining notices.

As we implement these improvements, we will not lose sight of the needs of the public for notices that are complete, clear, and accurate, and we will continue to consult with the public as to how well we are meeting their needs.

Attachments

**Social Security Administration
Retirement, Survivors, and Disability Insurance
Notice of Award**

Mid-America Program Service Center
601 East Twelfth Street
Kansas City, MO 64601
Date: March 5, 1994
Claim Number: XXX-XX-XXXXA

Beneficiary Name
Street Address
City, ST ZIP

You are entitled to monthly retirement benefits beginning January, 1994.

- o You will receive \$1316.90 around March 9, 1994. This is the money you are due from January 1994 through February 1994.
- o After that you will receive \$679.00 each month.
- o Later in this letter, we will show you how we figured these amounts.

Information About Medicare

You are entitled to Medicare hospital and medical insurance beginning January 1994.

We will send your Medicare card in about 4 weeks. You should take this card with you when you need medical care. If you need medical care before you receive the card, use this letter as proof that you are covered by Medicare.

The pamphlet we have enclosed, "What You Need To Know About Medicare and Other Health Insurance," gives you more information about the Medicare program.

Other Social Security Benefits

The benefit described in this letter is the only one you can receive from Social Security. If you think that you might qualify for another kind of Social Security benefit in the future, you will have to file another application.

Enclosure(s):
SSA Pub. No. 05-10014
SSA Pub. No. 05-10077

See Next Page

XXX-XX-XXXXA

If You Disagree With The Decision

If you disagree with the decision, you have the right to appeal. A person who did not make the first decision will decide your case. We will review those parts of the decision you disagree with and consider any new facts you have. We may also review those parts you agree with and may make them unfavorable or less favorable to you.

- o You have 60 days to ask for an appeal.
- o The 60 days start the day after you get this letter. We assume you got this letter 5 days after the date on it unless you show that you did not get it within the 5-day period.
- o You must have a good reason for waiting more than 60 days to ask for an appeal.
- o You have to ask for an appeal in writing. We will ask you to sign a form SSA-561-U2, called "Request for Reconsideration." Contact one of our offices if you want help.

Your Responsibilities

Your benefits are based on information you gave us. If this information changes, it could affect your benefits. For this reason, it is important that you report changes to us right away.

We have enclosed a pamphlet, "When You Get Social Security Retirement or Survivors Benefits...What You Need to Know." It tells you what must be reported and how to report. Please be sure to read that part of the pamphlet which explains how earnings from work could change your payment.

If You Have Any Questions

If you have any questions, you may call us toll-free at 1-800-772-1213, or call your local Social Security office at 1-XXX-XXX-XXXX. We can answer most questions over the phone. You can also write or visit any Social Security office. The office that serves your area is located at:

111 Elm Street
Oak, MD 23456

If you do call or visit an office, please have this letter with you. It will help us answer your questions. Also, if you plan to visit an office, you may call ahead to make an appointment. This will help us serve you more quickly.

Shirley S. Chater
Commissioner
of Social Security

XXX-XX-XXXXA

PAYMENT SUMMARY

Your Regular Monthly Payment

Here is how we figured your regular monthly payment:

You are entitled to a monthly benefit of..... \$720.20

Amounts we subtracted:

o premiums for medical insurance 41.10

This equals \$679.10

o rounding deduction (we must round down to a
whole dollar) 0.10**This makes the regular monthly payment \$679.00****Your Payment of \$1316.90**

Here is how we figured your first payment:

Payment due for January through February 1994
with premiums for medical insurance deducted..... \$1358.00Additional amount we subtracted for medical insurance
premium due 1 month in advance..... 41.10**This equals the amount of your first payment..... \$1316.90**

**Social Security Administration
Retirement, Survivors and Disability Insurance
Notice of Change in Benefit**

Office of Disability and
International Operations
1500 Woodlawn Drive
Baltimore, Maryland 21241
Claim Number:

We are writing to tell you that we are raising [beneficiary's name] benefit amount beginning November 1990 because we stopped paying another person on this record.

What We Will Pay And When

You will receive \$2.00 around May 4, 1991.

This is the money [name] is due for November 1990 through March 1991.

After that you will receive \$95.00 each month.

We used all of his benefits to recover all of [overpaid person] overpayment.

If You Disagree With The Decision

If you disagree with the decision, you have the right to appeal. We will review your case again and consider any new facts you have. A person who did not make the first decision will decide your case.

. You have 60 days to ask for an appeal.

. The 60 days start the day after you get this letter. We assume you got this letter 5 days after the date on it unless you show that you did not get it within the 5-day period.

. You must have a good reason for waiting more than 60 days to ask for an appeal.

See Next Page

If You Want Help With Your Appeal

You can have a friend, lawyer or someone else help you. There are groups that can help you find a lawyer or give you free legal services if you qualify. There are also lawyers who do not charge unless you win your appeal. Your local Social Security office has a list of groups that can help you with your appeal.

If you get someone to help you, you should let us know. If you hire someone, we must approve the fee before he or she can collect it. And if you hire a lawyer, we will withhold up to 25 percent of any past due benefits to pay toward the fee.

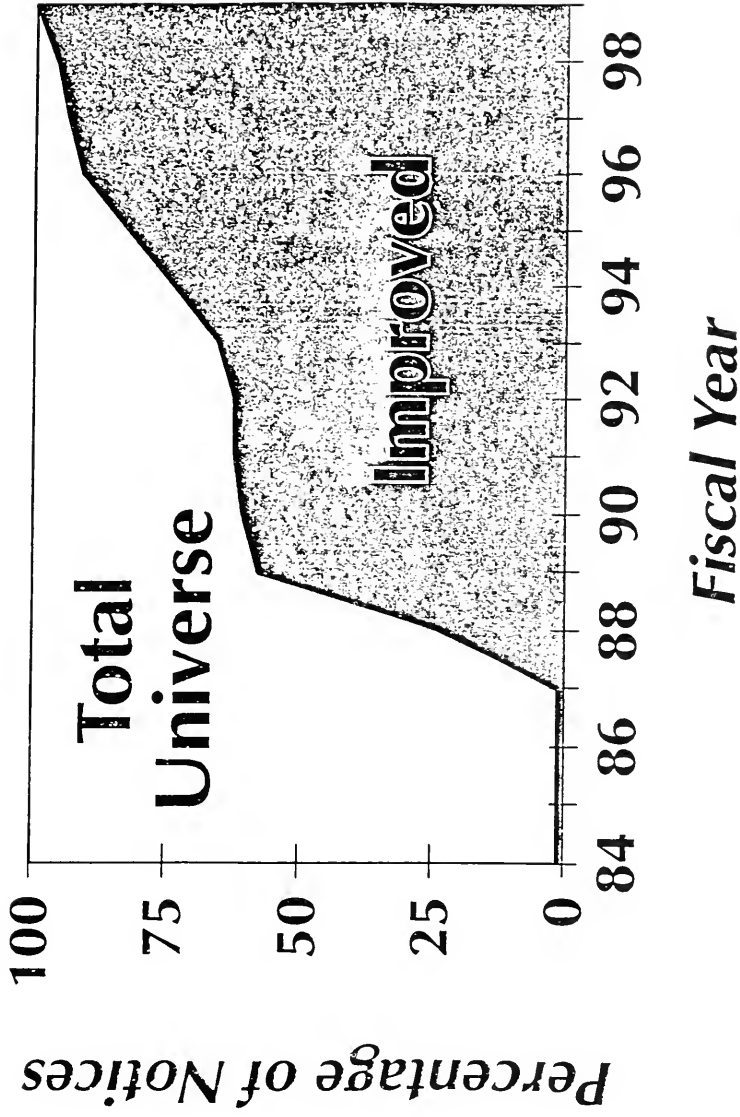
If You Have Any Questions

If you have any questions, call us toll-free at 1-800-722-1213 or call your local Social Security office at 486-7329. You can also write or visit any Social Security office. The office that serves your area is located at:

DISTRICT OFFICE
ROOM 233 FEDERAL BLDG
LOCUST STREET
JOHNSTOWN, PA 15901

If you do call or visit an office, please have this letter with you. It will help us answer your questions. Also, if you plan to visit an office, you should call ahead to make an appointment. This will help us serve you more quickly.

Joseph R. Muffolett
Director



Progress on Improving Notices

Social Security Administration

Activity	Start	End	Year
Target Notices Architecture Projects	Jan-03-91	Sep-30-99	
Implement Notice Software in PSC's	Aug-02-93	Dec-30-94	
Modernized Claims Systems--Spanish Notices	Sep-01-92	Sep-30-94	
SALT--Spanish Notices	Jan-04-94	Sep-29-95	
TASTE--English and Spanish Notices	Jun-03-91	Mar-31-95	
TATFER--English and Spanish Notices	Apr-01-93	Mar-31-95	
Garnishment System	Jan-04-93	Jan-31-95	
REACT--English and Spanish Notices	Jun-01-93	Sep-29-95	
Modernized Disability System Notices *			
*Dates dependent on Reengineering Plan			
ROAR--English and Spanish Notices	May-04-94	Jul-31-96	
AIS-3--English and Spanish Notices	Jun-01-94	Sep-30-96	
Maturing Action Program--Eng /Spanish Notices	Jun-02-94	Sep-30-96	
CAPS--English and Spanish Notices	Jan-02-95	Sep-30-97	
AERO/AIS-1--English and Spanish Notices	Mar-01-95	Jun-30-97	
Health Insurance Systems--Eng /Spanish Notice	Oct-02-95	Sep-30-98	
MADCAP--English and Spanish Notices	Jun-06-96	Sep-30-99	
Critical Payment Systems--English/Spanish	Jan-02-97	Sep-30-99	
Supplemental Security Income Notices	Jan-04-93	Sep-30-97	
1- Critical Policy/Legislative Notice Changes	Jan-04-93	Sep-30-94	
2-Automate/Improve Overpayment Notices	Jan-03-94	Sep-29-95	
3-Automate/Improve Overpayment Notices	Jan-02-95	Sep-30-96	
4-Automate Overpayment Notices/Notice Redesign	Nov-01-93	Sep-30-97	
Notice Evaluation--Ongoing Annual Activities	Oct-01-93	Sep-30-99	
Notice Surveys--OASDI/SSI	Oct-01-93	Sep-30-99	
Focus Group Tests--OASDI/SSI (Eng /Spanish)	Oct-01-93	Sep-30-99	
Work with OIG to Develop New Notice Surveys	Nov-01-93	Sep-30-94	
Assess Literacy of Non-English Speaking Clients	Sep-01-93	Oct-01-96	

Chairman JACOBS. Thank you, Dr. Chater.

Mr. Bunning.

Mr. BUNNING. Thank you very much, Mr. Chairman.

First, let me say that I know SSA has worked very hard to improve its computerized-generated notices, and with some success, as you have told us. I recognize that even individually prepared notices might fail to communicate with some of the semiliterate aged or infirm you serve. Still, there is room for improvement.

For example, I see from one of your attachments that appeal language is routinely included in award notices. It is confusing to be told how to appeal an allowance, and a bit intimidating to be told that, "We must also review those parts you agree with and may make them unfavorable or less favorable to you."

Have the courts or the Office of the General Counsel required such a peculiar notice, or is that done just within the SSA by itself?

Ms. CHATER. Appeals language in notices is influenced by both court decisions and statutory requirements, including the Omnibus Budget Reconciliation Act of 1989. We have interpreted such requirements as meaning that the notice itself had to be included within the letter.

One of our ideas, for example—

Mr. BUNNING. When you are awarding a benefit?

Ms. CHATER. Yes.

Mr. BUNNING. You are then, you think, required by the 1989 budget agreement to include that? Whose interpretation is that?

Ms. CHATER. I may not be correct. Perhaps the Inspector General could best answer that question.

Mr. BUNNING. I will then ask the Inspector General when he comes before us in just a few minutes.

The overpayment notice is commonly criticized. My office complained that often, specific information concerning how and when the overpayment occurred is omitted. The office suggests that a paragraph explaining that in everyday language would eliminate many inquiries.

That does seem pretty basic. Is there a problem administratively in doing that?

Ms. CHATER. I don't think there would be a problem administratively in doing that, if we could have the computer program put together the material required.

Mr. BUNNING. I would make a strong suggestion that that be done, because that is very confusing, to receive no reason or no explanation of the overpayment.

The Inspector General tells us that the overpayment notice isn't scheduled to be upgraded until 1996. Given that the overpayment notice is one of the most confusing SSA issues, can't we get that on a faster track than 1996? You told us that it is going to be 1999 in one other notice, that you want to make sure that all of them are upgraded by 1999.

Ms. CHATER. Yes, that is correct.

Mr. BUNNING. Here is one that is not supposed to be upgraded until 1996. Why can't we do that more quickly? If this is one of the most confusing notices that is sent out, why couldn't you put that on a faster track?

Ms. CHATER. We will take your suggestion and certainly look at that, Mr. Bunning.

Mr. BUNNING. Thank you.

Wouldn't it be clearer if notices also referenced the dates of checks rather than the months for which paid? For example, a notice that said the checks paid you from April 3 through July 3 were incorrect because, and then the reason, might be easier for a beneficiary to check against any personal records than ones talking about checks for March through June.

In other words, if you specifically put the dates and the checks in the notice, it surely would be easier for the person who wants to check and see what has happened and why there is confusion. If all those records you have are in your computer, why can't you kick them out when you are sending a notice, for example, if there are four checks specifically that are in question?

I would think that if I were getting something from the IRS, I would like that kind of notification.

Ms. CHATER. We will certainly take it under consideration.

Mr. BUNNING. Thank you.

Chairman JACOBS. Mr. Houghton.

Mr. HOUGHTON. I probably shouldn't be commenting this way, but all seems to be pretty good in my district. I get good comments about the notices. Obviously, there always is a sort of a factory syndrome down here that you have to include everything and be absolutely legally appropriate in every word that you use. The complaints usually come from people who get information they don't agree with, or they would have difficulty in reading any notices whatsoever. I always found, if you can try to get big print and simple language and a single page, it certainly helps.

From everything I can see in the district I represent, Mr. Chairman, Social Security has made a tremendous improvement over the years.

Ms. CHATER. Thank you.

Chairman JACOBS. I don't think we need anything else, Dr. Chater. You obviously understand that people need to understand, and we appreciate your efforts to improve the agency's notices.

I might just say for the edification of the record, in terms of accurate English or lack thereof, that I received a postcard a few years ago which simply said, "You are an incompetent jerk." I replied, "Dear Sir, thank you for the kind compliment. Naturally, I should dread being competent at being a jerk," and signed it. I added a P.S., "Just in case you did not intend to compliment me, you, sir, are an incompetent name-caller." [Laughter.]

That is about all I have to add to the record in our quest toward accuracy.

Thank you very much.

Ms. CHATER. Thank you.

Chairman JACOBS. Our next witness is Hon. June Gibbs Brown, from the U.S. Department of Health and Human Services. Ms. Brown is, as everybody knows, the Inspector General.

Thank you for sharing some time with us.

STATEMENT OF HON. JUNE GIBBS BROWN, INSPECTOR GENERAL, U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES; ACCOMPANIED BY VINCENT A. SERIO, BRANCH CHIEF, SOCIAL SECURITY BRANCH, OFFICE OF EVALUATION AND INSPECTIONS

Ms. BROWN. Thank you Mr. Chairman and members of the subcommittee.

With me today is Vincent Serio, who is the branch chief of the Social Security Branch. His organization conducted the surveys we will be talking about.

I am June Gibbs Brown, Inspector General of the Department of Health and Human Services, and I am pleased to be here to share the observations, findings, and recommendations from our studies on the clarity of the Social Security notices.

We initiated these studies based on information from our annual client satisfaction survey. About 5 years ago, we noticed a drop in the public satisfaction with the clarity of Social Security's mail. Only 66 percent of the clients surveyed felt that the mail was easy to understand. In prior years, 75 percent or more of the clients had rated Social Security mail easy or very easy to understand.

In response to this downturn, we studied a sample of high-volume Social Security and supplemental security income notices produced from several automated notice systems. We evaluated the extent to which the notices were clear, appropriate to the audience, and met Social Security's notice standards. These standards address notice format, type style, reading level, wording, and length of sentences and paragraphs that were referred to by Dr. Chater.

In our 1992 review, it showed that Social Security was making some strides toward improving their notices. In addition to developing specific notice standards, the SSA improved and simplified the language in several million notices. They included the name and address of the nearest Social Security office on automated notices and included the name of a responsible official.

As of September 1993, we noticed that Social Security had revised over 60 percent of their notices. To SSA's credit, we found that most recipients responding to our sample liked the type size and the new format, and most understood the main message.

We found that SSA's notice standards work, when used, but are not uniformly applied. For example, although the standards prohibit the use of jargon, all notices we reviewed contained some technical language.

We found that people had particular difficulty understanding certain overpayment and termination notices, which had not been revised to meet the new standard. These notices were written at the 9th to 11th-grade reading levels, rather than the recommended 6th-grade standard. Beneficiaries had difficulty understanding what actions they needed to take to continue to receive their payments.

People found the SSI notice of award especially difficult to understand. Less than half of the recipients could identify all the actions they were required to take, and just over a third could identify the optional action.

The low understanding of the award notice is a major concern. This notice is the first official notification of eligibility and conveys

important information about the monthly payment amount, the individual's rights, and their reporting responsibilities. Of particular concern was the length of these notices, which ranged from three to six pages.

Finally, we found that SSA has no systematic process for monitoring the effectiveness of notices. SSA conducts occasional studies and focus group tests, but needs to develop a more structured method of assuring that its notices are communicating the intended message.

To address these concerns, we suggested that SSA apply their notice standards to all notices, revise both the overpayment and the termination notices specifically, reexamine the SSI notice of award, and establish quality assurance processes to monitor the readability of notices.

I am pleased to report that SSA generally agreed with our recommendations and is taking action to implement them.

Thank you for this opportunity to share our experiences with you. I will be happy to answer any questions.

[The prepared statement follows:]

Testimony of
June Gibbs Brown
Inspector General
Department of Health and Human Services

Social Security Notices

Good morning Mr. Jacobs and members of the subcommittee. I am June Gibbs Brown, Inspector General of the Department of Health and Human Services. I am pleased to be here to share with you observations, findings and recommendations from our studies on the clarity of Social Security Administration notices.

We know your subcommittee has been concerned about Social Security customer satisfaction and clarity of its notices. These notices are a primary means of communicating decisions, conveying reporting responsibilities and informing clients of changes in their payment amount. Unclear notices can result in poorly informed clients and additional contacts with Social Security staff for explanations. Additionally, these notices can result in confusion and frustration on the part of the recipient.

We are pleased with the efforts that SSA has made to improve their notices but believe there is more work needed to further enhance Social Security's written communication with the public. In my testimony, I will describe our work in this area, some of the initiatives that SSA has undertaken in response to the concerns we raised, and problems that we believe require further attention.

INTRODUCTION

The Office of Inspector General was established in 1976, as an independent oversight component within the Department of Health and Human Services. The Inspector General is charged with protecting the integrity of departmental programs as well as promoting economy, effectiveness and efficiency in the Department's programs and operations.

BACKGROUND

It has been our long-held position that assuring high quality service to the public is an important component of effective and efficient service delivery. The Vice President's National Performance Review and the President's Executive Order 12862, Setting Customer Service Standards, has affirmed the importance of focusing on the customer in order to improve service delivery.

This year, my office conducted the tenth annual survey of Social Security clients to determine their satisfaction with the services SSA provides through its local offices,

telephone and program service centers. Our survey is mailed to 1,300 people across the country whose Social Security or Supplemental Security Income record shows some type of recent, significant contact with SSA. These people may have just applied for benefits or received a favorable or unfavorable decision. They may have been notified of an increase or a cut in benefits, or they may have simply reported a new address or similar change. Our survey asks these individuals about their contacts with Social Security in the past year by mail, by telephone and in person.

Consistently over the years, about four-fifths of our respondents have rated Social Security's services as "good" or "very good" overall. Not surprisingly, our data clearly shows that courtesy and ability to get the job done right by the SSA's staff helped them maintain high satisfaction.

The results of this survey have been extremely useful to us and to Social Security in monitoring trends in the public's perceptions of the quality of specific services. One area we have examined especially closely has been the mail SSA sends its customers. In 1989 we noticed a disturbing event: after three years when over 75 percent of clients reported that Social Security's mail was easy to understand, the rate dropped to 66 percent. The rate dropped even further, to 63 percent in 1991. Although there has been some fluctuation in recent years, clients' understanding of Social Security's mail has yet to return to the high level in 1988.

Each year, about 240 million people receive either notices of initial Social Security or Supplemental Security Income eligibility or notices about a change in their payment. Given the volume and importance of these communications and the increasing difficulty people were having understanding them, we initiated a study to determine where notice improvements could be made.

OFFICE OF INSPECTOR GENERAL STUDIES

We conducted two Clarity of Notice studies that focused on high volume, computer-generated Social Security and Supplemental Security Income notices. Our purpose was to determine if the notices were clear, understandable, appropriate to the audience and met Social Security's "Notice Standards." For methodological reasons, we did not review notices prepared locally by the program service center or SSA's field office staffs.

After consulting with Social Security Administration staff, we selected a sample of high volume notices from several automated notice systems. We sent a copy of the notice to the original addressees, then contacted them by phone to get their opinions about the notices and to determine whether they understood the information being conveyed to them.

We also interviewed staff members in a sample of Social Security field offices to get their opinions about problems they had experienced with the notices and their suggestions for improvement. Finally, we used three computer software programs to systematically analyze the notices' reading levels, to identify errors in grammar, punctuation, style, syntax and usage, and to measure sentence length.

Based on our review, we found:

Social Security Had Made Strides in Improving Its' Notices

In its 1989 "Annual Report To Congress" Social Security reported that it had improved and simplified language in 4 million notices, insured that automated notices included the telephone number and address of the nearest Social Security office, and included the signature or name of a responsible official. The Social Security Administration sought help from experts in linguistics and communications to make their notices clear and understandable. They also undertook a series of focus group discussions with beneficiaries themselves to get their reactions to planned changes in notice formats.

In July 1989, Social Security published a revised "Notice Standards" handbook. These standards provide that notices be written at the 6th grade reading level, contain no jargon, have an average sentence length of 15-20 words, and have paragraphs no longer than seven lines. As a result of these standards, SSA adopted a new format for its notices using bolder print, wider margins, sectional headings, simpler language, and shorter sentences.

Despite these efforts, only 65 percent of respondents in our most recent client satisfaction survey found Social Security mail easy or very easy to understand. This is still well below the 76 percent rating in 1988. I should point out that the client survey ratings reflect the public's view of Social Security mail in general, including notices as well as applications, questionnaires, pamphlets. However, 17 percent of people found SSA's mail hard to understand, and over two-thirds of them had problems with a specific letter or notice.

The Notice Standards Work When Used But Are Not Uniformly Applied to All Notices

Beneficiaries generally liked the notices that had been upgraded to meet the Social Security's notice standards. Ninety-four percent of the beneficiaries that responded to our sample liked the type size and 84 percent liked the new format.

The upgraded notices in the sample met or closely approached the standard that notices be written at a sixth grade level. More importantly, 90 percent of the people we talked to understood the main message of these notices. However, 70 percent of

those receiving Social Security notices and 78 percent of those getting Supplemental Security Income notices had difficulty understanding information concerning actions they were required to take.

Both the public respondents and field office staff cited the use of jargon in disability notices as a problem needing improvement. The "Notice Standards" prohibit the use of jargon, yet all notices we reviewed contained such technical language. Eighteen percent of the recipients stated that notices contained language they did not understand.

The Overpayment And Termination Notices Are Particularly Problematic

The overpayment notices often convey complex information about the reasons, amount and duration of overpayments, the method of recoupment, and the appeal rights available to them. The "termination" notices convey information about the conversion of payments from one entitlement program to another, for example from a wife or husband benefit to a widow or widower benefit upon the death of the wage earner. Despite the sensitivity of both of these notices, they had not yet been upgraded to conform with the notice standards. Both notices were written at a 9th to 11th grade reading level. Consequently, the people we contacted had greater difficulty understanding them than other Social Security program notices.

The overpayment notices were difficult for recipients to understand. The box format and boiler plate language of these notices caused a great deal of confusion. While 84 percent of the beneficiaries understood the main message, only 73 percent could tell us whether their payment could be lowered or stopped to collect the overpayment. In fact, several beneficiaries in our sample contacted our office to inquire about missing payments. After reading the overpayment notice, they did not understand that their full monthly payment was being withheld for several months to collect the overpayment.

The termination notices also were difficult to understand. Only 65 percent of the recipients could correctly tell us when their payment would be affected. Only 39 percent could correctly provide their new monthly payment amount. Some beneficiaries, who had recently lost a loved one, commented that the language was cold and insensitive.

Supplemental Security Income Respondents Found The Notice Of Award Particularly Difficult to Understand

The notice of award is the first official notification of a person's eligibility for Supplemental Security Income payments. It conveys important information about the monthly payment amount and the individual's rights and reporting responsibilities.

Of all the notices we reviewed, this was the most difficult notice for recipients to understand.

Although 91 percent of the respondents understood the main message that they were or were not going to receive Supplemental Security Income payments, they were much less certain about other information in these notices. Only 44 percent of the respondents could identify all actions they were required to take, 34 percent identified optional actions and forty-four percent could tell us when they would receive payment.

Respondents cited as problems the notice length as well as the complex and often repetitious language about reporting responsibilities and appeal rights. Though Social Security advised that they are concerned about the length and complexity of these notices, they believe judicial decisions and legislative requirements limit their ability to significantly simplify them.

The Social Security Administration Has No Ongoing Process For Reviewing Notices

Social Security has conducted occasional studies and focus groups tests, usually when developing new notice formats. However, there is no ongoing mechanism for assuring that the millions of notices Social Security sends to its customers are effectively communicating vital payment and eligibility information to them.

ENHANCEMENTS

We recommended that Social Security apply the Notice Standards in all notices since they were so effective when used. Recipients like the new format and type size of the revised notices. The notices that had been upgraded to the new standard were written at a more appropriate reading level.

We suggested that Social Security reexamine the Supplemental Security Income notice of award to develop alternative methods of communicating required and optional actions.

To assure the continued readability of its notices, we advised Social Security to establish processes to periodically monitor notices.

We also shared with SSA our ideas on how they could improve the clarity of the automated notices we sampled. We provided a brief description of the notice, the overall readability index determined by the computer programs, and recipient feedback on specific problem areas. In addition, we provided our suggested revision to the sample notice that addressed the customer concerns. Our revised notices were shorter than the original notice, included calculations of benefit changes or

overpayments, removed all jargon, and moved detailed descriptions of rights and responsibilities to an enclosure.

We believe these changes would greatly enhance the public's understanding of the mail from Social Security.

SOCIAL SECURITY'S IMPLEMENTATION

I am pleased to report that SSA generally agreed with our suggested enhancements and is taking action to implement them. Social Security has included notice improvements as one of its important goals in the Agency Strategic Plan.

As part of its ongoing notice improvement, SSA has, to date, revised over sixty percent of its notices. The overpayment and termination notices cited in our review as problematic are scheduled for revision as part of an enhancement to Social Security's automated notice systems. Plans call for improvement to the termination notices to be implemented in FY 1995 and the overpayment notices in FY 1996. Given the volume of these notices, the sensitivity of the information they convey and the problems beneficiaries have understanding them, it would be desirable for Social Security to accomplish these revisions as soon as possible.

The SSA plans to explore better ways to communicate critical eligibility and due process rights to Supplemental Security Income recipients in its award notices. In addition to focus group testing for the award notice, Social Security advised that additional notice evaluations are planned for FY 1994.

Thank you for giving me the opportunity to share our experiences with you. I would be happy to answer any questions you may have.

Chairman JACOBS. Thank you, General Brown.

Mr. Bunning.

Mr. BUNNING. What quality control measures did you suggest to SSA?

Mr. SERIO. We basically suggested that they do the kinds of things that they are doing now. We suggested that they use the focus group approach to get public input on their notices and to repeat periodic surveys along the lines of the ones that we had gone through to validate that the results are having the intended effect.

Mr. BUNNING. Since that was suggested, have you then gone back, particularly on the initial notice being sent out?

Ms. BROWN. We have done this survey since 1987.

Mr. BUNNING. In other words, you are doing this ongoing?

Ms. BROWN. We have done this on an annual basis.

Mr. BUNNING. Do you notice a major change with the initial application and acceptance?

Ms. BROWN. There certainly has been a change in those notices that Social Security has had an opportunity to work on. Those that I mentioned as being particular problems have not been adequately revised. They are scheduled for revision, but are not complete.

Mr. BUNNING. Why not? If that is the initial notice, why wouldn't that be the most important place to focus a change?

Ms. BROWN. This was our proposal, too, that they look at these specifically because there are some of those that are very long. There are several pages. They have a lot of the wordings that you had discussed in the earlier testimony with Dr. Chater that they are required to include.

One of our suggestions is that these kinds of things that need to be communicated, the appeal language and so on, be presented in a pamphlet or an attachment. There are some legal constraints that they are concerned about, but I think that really ought to be investigated, and if necessary, the law be amended to allow them to provide this in a separate attachment, because that was one of the most frequent complaints. Almost every paragraph gives all these warnings and notification of rights.

Mr. BUNNING. We have not had that suggestion come from SSA to us. Are you suggesting that we might implement that without their suggestion, in other words, do it on our own as a subcommittee?

Ms. BROWN. I believe SSA needs to investigate the exact reasons that they have determined that they need to insert the appeal language so often in the same letter and then determine that, if necessary, they get some modification of the law. It has come from various legal interpretations over a period of time, so it is difficult for them.

Mr. BUNNING. The Commissioner just repeated that to me, but I think it is more important that people who are being notified understand exactly. Not being a lawyer, it is very easy for me to criticize and suggest we enclose a pamphlet explaining these are the options you have to appeal any or all these things we have put in this letter to you.

Ms. BROWN. There are those who feel that it needs to be on the face of the document, but perhaps reference on the face of the docu-

ment to this additional communication or pamphlet would also be sufficient.

Mr. BUNNING. Thank you very much.

Chairman JACOBS. Mr. Brewster.

Mr. BREWSTER. No questions, Mr. Chairman.

Chairman JACOBS. General Brown, Mr. Bunning asked the Commissioner about including information about appeal rights where awards actually were made, and I believe the Commissioner was under the impression that that is required by law. Can you enlighten the record on that point?

Ms. BROWN. There have been several legal interpretations that that was not made clear in individual cases, and therefore, Social Security has reacted by repeating these appeal rights. We have found that people find that very, very difficult to read. It sometimes seems very redundant. As you pointed out earlier, it may even seem threatening, by giving all of these warnings every time you give anybody a notification of change.

Chairman JACOBS. That warning is essentially what you learned in school, if you took your paper up to be regraded, right?

Ms. BROWN. That is a good analogy.

Chairman JACOBS. I incorporate that phenomenon by reference.

I suppose the reason that you might mention appeal at all would be that, though an award were made, it might be viewed as insufficient by the beneficiary.

Ms. BROWN. Somebody could feel that the amount was incorrect, and, of course, there are also appeal rights in the collection notices.

Chairman JACOBS. Thank you very much for your testimony.

Our next witness from the General Accounting Office is our friend Joseph Delfico, Director of Income Security Issues, Human Resources Division.

Mr. Delfico, as always, you are very welcome.

STATEMENT OF JOSEPH F. DELFICO, DIRECTOR, INCOME SECURITY ISSUES, HEALTH, EDUCATION, AND HUMAN SERVICES DIVISION, U.S. GENERAL ACCOUNTING OFFICE

Mr. DELFICO. Thank you, Mr. Chairman. With me today are Jackie Stewart and Roland Miller, who helped prepare this testimony.

Thank you for inviting me today to testify on the clarity of Social Security's written correspondences. You specifically asked us if SSA's correspondence is generally understood by the public and if it adequately explains the basis for SSA's decisions.

While we are still in the process of collecting data in our work for the subcommittee, we can make several early observations on this subject.

As we have reported over the last 7 years, SSA has had long-standing problems with the clarity of its written communications. Although SSA's recent actions to implement revised communications standards appear to be an improvement, many letters continue to be difficult to understand.

SSA has standards for written communications; you have heard about them today. Specifically, the standards deal with such issues as vocabulary, sentence length, the physical layout of letters, and so forth. However, other problems such as the illogical order and

lack of information to support the decision are not associated with readability and design and continue to make many letters difficult to understand.

We selected and read over 500 letters to get a sense of how easy or difficult they were to understand. GAO's staff, with accounting background and years of Social Security program expertise, had difficulty determining or verifying specific points contained in the letters. In a number of cases, we are still unsure whether our assumptions are correct.

GAO's ability to understand the letters was hampered by such problems as the purpose of the letter was not being clearly stated; no information on dollar amounts used by the SSA to adjust payments were in the letter; apparent conflicts in information in the letter; and the need to perform complex analyses to reconstruct adjustments to benefits.

GAO also interviewed individuals who recently received letters from SSA. Some said that they didn't understand their letters but instead relied on what they had been told by SSA employees at the time they reported changes in their eligibility status. Others said that they did not understand SSA's written communications and had to contact SSA for an explanation. Still others did not understand SSA's letters, but were willing to accept the agency's decision on blind faith.

In these situations, it appears that letters did little to satisfy customers' needs. They may have caused anxiety to the recipient and increased work for SSA's already overburdened staff in the telephone service centers and field offices.

With millions of letters leaving SSA every month, the impact of these problems with written communications is great, both on SSA's ever increasing workloads and the public's already low confidence in the future of the Social Security program.

While SSA has taken some actions to remedy problems, early indications are that the results will prove less than satisfactory to SSA's customers.

We believe SSA needs to develop and implement a comprehensive, customer-focused strategy that will make SSA's letters more clear and readable. At a minimum, it needs to determine customer preferences, set standards, and measure progress in achieving these objectives. We intend to focus the remainder of our work identifying elements for this strategy.

Mr. Chairman, this concludes my statement.

[The prepared statement and attachments follow:]

STATEMENT OF JOSEPH F. DELFICO
DIRECTOR, INCOME SECURITY ISSUES
HEALTH, EDUCATION, AND HUMAN SERVICES DIVISION
U.S. GENERAL ACCOUNTING OFFICE

Mr. Chairman and Members of the Subcommittee:

Thank you for inviting me to testify on the clarity of the Social Security Administration's (SSA) written correspondence. You specifically asked us if SSA's correspondence is generally understood by the public and if it adequately explains the basis for SSA's decisions.

While we are still collecting data for our work for the Subcommittee, we can make several early observations on the subject. As we have reported in the past, SSA has had longstanding problems communicating clearly in its letters¹. Although SSA's recent actions to implement revised communication standards appear to be an improvement, many letters continue to be difficult to understand. Specifically, we found that the communication standards do not address problems such as illogically ordered information or missing details. In our view, SSA needs to establish overall communication objectives, including identifying its customers' preferences and measuring progress toward achieving such objectives.

Let me first describe SSA's current computer-driven process for generating letters and then I will discuss our preliminary findings.

SSA'S LETTERS ARE
COMPUTER GENERATED

Annually, SSA sends letters to over 44 million people. Forty million letters are sent for the retirement, survivors, and disability program and over 4 million more for the supplemental security income program. Because of this extremely high volume, virtually all of the process is automated. SSA relies on these letters as official notification of its decisions about individuals' eligibility for benefits or adjustments the agency is making to their benefits.

After enrollment, changes in individuals' earned or unearned income or marital or eligibility status may lead SSA to write to individuals to tell them that it will adjust their benefits. In cases in which SSA has decided it overpaid individuals, the letters may describe the agency's plan to withhold part or all of future payments to recover overpaid amounts. If SSA's letters are not clear, individuals may miss important information or call SSA for explanations. This causes additional work for SSA's telephone service centers and field offices.

¹Social Security Administration: Stable Leadership and Better Management Needed to Improve Effectiveness, (GAO/HRD-87-39, Mar. 1987).

Most letters for the retirement, survivors, and disability insurance programs are generated by 1 of about 15 different computer systems; letters for the supplemental security income programs are generated by a single system. Each computer system houses its own database of from 10 to 350 boiler plate paragraphs with the software logic for selecting and ordering paragraphs.

SSA staff receive and enter data for processing while receiving claims for benefits and reports of events that may affect benefit payments. While processing these event reports, computer systems select stock paragraphs and insert missing data from SSA's data base or information supplied by SSA staff. Simply stated, SSA's letters are a compilation of computer selected paragraphs inserted with personal data that the agency knows about individuals' accounts and SSA's decision on the information's effects on their benefits.

SSA'S STANDARDS UNLIKELY TO PROVIDE CURE-ALL

SSA has developed standards for written communications to improve the readability of letters, but the standards will not be fully implemented until the late 1990's. Specifically, the standards address issues such as vocabulary, sentence length, and physical lay-out of letters. Other problems not addressed by the standards--such as the ordering of information and a lack of necessary details to support a decision--will continue to make many letters difficult to understand.

In 1987, we reported that despite SSA's many efforts to improve letters, clarity problems continued. In 1989, SSA revised its standards for written communications to lower the reading level and improve the physical design of letters. SSA's writing standard specify that letters have conversational language as well as a sixth-grade reading level. In addition, the design standards facilitate reading by requiring (1) more white space on each page, (2) larger-than-normal type, and (3) sectional headings that readily identify the purpose and major points. All of these standards have been geared towards making SSA's written communications easier to read.

SSA plans to apply its writing and design standards to all letters. However, although SSA has applied some aspect of these standards to various computer systems databases, SSA estimates that the process for rewriting and implementing revised language for all databases will not be completed until September 1997 for the supplemental security income program and September 1999 for the retirement, survivors, and disability insurance program.

However, even with these planned improvements, communication problems will persist. For example, while SSA's letters

communicate the main message in an understandable manner, they are less effective in communicating the details supporting SSA's decision. Two Department of Health and Human Services' Office of Inspector General's reports² estimated that 72 percent of the recipients in the retirement, survivors and disability insurance programs and 62 percent in the supplemental security income program would not be able to correctly answer such questions as how SSA planned to recover the overpaid amounts or which monthly payments would be affected by SSA's decision.

OUR WORK CORROBORATES CONTINUING PROBLEMS

So far, we read over 500 recently issued letters to get a sense of the clarity of the letters and how well they communicated SSA's decision. In general, we found a host of problems peculiar to the computer system which generated the letter, and others including (1) purpose of letters not being clearly stated, (2) dollar amounts used by SSA to adjust payments omitted from letters, (3) apparently conflicting information, and (4) the need, if beneficiaries were to fully understand letters, for them to perform complex analyses to reconstruct adjustments to benefits. For example,

- SSA L3926 is a multipurpose form letter used for a variety of situations. One such letter to a beneficiary lacked the necessary "fill-ins" to state the letter's purpose. The appropriate box had not been checked to indicate actions taken by SSA nor did it provide any payment information. (See app. I for a copy of this letter.)
- A letter awarding a spouse survivor's benefits informed her that she is entitled to \$645 each month and that her first payment will include a special death payment of \$255. However, the letter shows that \$50 is the first payment that SSA will make to her and accounts for the difference by stating "Your first check has been adjusted for the difference between benefits already paid and those now payable on this account." (See app. II for a copy of this letter.)
- One letter makes contradictory statements about an individual's January payment. The letter first states that monthly payments of \$434 will begin January 1994. Later, the letter states, "Your regular monthly check of \$82 will be sent ... about the first day of January 1994." Nowhere in the letter did we find information that addressed the

²Clarity of Social Security Notices, May 1992.

Clarity of Supplemental Security Income Notices, September 1992.

conflicting amounts for the January payment. (See app. III for a copy of this letter.)

- A letter about work-related earnings states that SSA underpaid the individual \$6,532 for 1991, incorrectly paid him \$196 for 1993, and referred him to an attached worksheet to learn how his future benefits would be affected. After performing a series of computations, we determined that in effect, SSA planned to reduce the June 1993 payment by \$98. The worksheet does not explicitly identify \$98 as the amount by which benefits will be reduced. SSA's presumption that the reader can and will do this analysis gives no consideration to the reader's analytical abilities and appears to require abilities well above the sixth-grade level. (See app. IV for a copy of this letter.)

SSA HAS NOT ESTABLISHED OBJECTIVES FOR CLEAR COMMUNICATIONS

SSA's long range plan states its service-delivery objective is to "ensure that information mailed to the public is understandable." However, SSA has not taken steps to set objectives for understandability and has not developed specific criteria to measure understandability as defined by customers and the agency. For example, the specific criteria could include identification of key elements in letters SSA believes customers must understand. As discussed earlier, the Inspector General's report showed that SSA customers can generally understand the basic thrust of the letters they receive but may not understand specific details such as the monthly payment affected by SSA's decisions.

Also, SSA needs to design correspondence to better serve customers based on customer input. SSA has not done any studies to determine the public's preferences for SSA communications. In some instances, it appears to us that SSA letters are not written from a customers' viewpoint. In many discussions with SSA personnel, we were told that SSA customers want information most important to them such as how and when SSA's decision will affect their payments addressed early in the letter. We were told that many customers do not read beyond the first page before contacting SSA for help. SSA customers want letters in language they can understand. For example SSA officials told us that retirement, survivors, and disability programs beneficiaries mistakenly assume SSA's references to "effective month" is the actual month the payment is received rather than an earlier month for which payment changes are applicable. SSA customers want letters to show the dollar amounts of adjustments to benefits. SSA officials told us that individuals contact them and request their help in itemizing adjustments to benefits. They said that this is particularly true for overpayment notices which may not

show amounts paid and amounts due.

SSA customers want to know why their overpayment has occurred. Many SSA letters inform individuals only that have been overpaid without detailing the cause of the overpayment. An SSA official said that it was her experience that people generally wanted to know why they were overpaid before agreeing to make repayments.

We interviewed several dozen individuals who recently received letters from SSA exhibiting the kinds of problems I have discussed in my testimony. Some said that they didn't understand their letters, but instead relied on what they had been told by SSA staff at the time they reported changes in their eligibility status. Others said that they did not understand SSA's written communication and had to contact SSA for an explanation. Still others did not understand SSA's letters, but were willing to accept the agency's decision on blind faith. In these situations, it appears that letters did little to satisfy customers' needs, may have caused anxiety to the recipient, and increased work for SSA's already overburdened staff in telephone service centers and field offices.

In addition, SSA needs to evaluate customers' current levels of understanding of its letters. Without such evaluations, SSA lacks the management information it needs to determine the extent to which SSA letters are causing problems for the public and increasing the workload of its own staff. For example, SSA has not adequately quantified the number of telephone calls generated by unclear letters. An SSA study of calls to its 800 number stated that only two percent of the callers requested explanations of letters. In contrast, SSA personnel who received calls to the 800 number told us that over 50 percent of the calls they received were for explanations of letters. These differences need to be resolved. Until SSA takes these steps, it will have no way of knowing whether its goal of communicating clearly with the public is being met and whether implemented changes are having their intended effect.

We recognize that SSA's programs and the agency's decisions regarding benefits are complex. But it is SSA's responsibility to explain them as clearly and simply as possible to adequately serve the public and protect the public's interests. To the extent that SSA's communications are inadequate, they frustrate the public and generate telephone calls and office visits to SSA facilities. With about 800,000 letters leaving SSA every week, the potential impact of SSA's problems with written communication is great--both on SSA's ever increasing workloads and the public's already low confidence in the future of the social security program. While SSA has taken some actions to remedy the problem, early indications are that the results will prove less than satisfactory to SSA's customers. We believe SSA needs to develop and implement a comprehensive customer-focused strategy that will make SSA's letters clear and readable. At a minimum, it needs to determine customer preferences, establish communication objectives including identifying customer preferences, and measure progress in the achieving objectives. SSA's customers deserve no less than that. We intend to focus the remainder of our work for the Subcommittee on identifying elements that should be critical in this strategy.

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Mr. Chairman, this concludes my statement, I will be glad to answer any questions you or Members of the Subcommittee may have.

SOCIAL SECURITY BENEFIT INFORMATION

From Mid Atlantic Program Service Center
Philadelphia Pennsylvania 19123

Date APRIL 29, 1993

Your Claim Number

Reason for action

ATTAINMENT OF AGE 65. S

Type of action

DISAB TO RETIREMENT

- ☐ As a result of the action being taken, benefit payments have been refigured as shown below. The amount shown in column 4, represents all benefits due on this claim through the month shown in column 5. You will then receive the amount shown in column 3 regularly each month.
- ☐ Benefit payments have been discontinued with the month shown in column 2 for the reason shown above.
- ☐ We have determined that you are entitled to the benefits shown below.
- As shown below, the next payment will be sent to you shortly. You will then receive the amount
- ☐ shown in column 3 regularly each month.

1. Additional payment information	2 Effective month	3 Regular monthly payment	4 Net amount of next payment	5 Next payment will pay amt. due you through month of
	02/93			

Note to Terminated Beneficiary:

Earnings for the entire year both before and after your benefits were stopped must be considered in determining whether you earned more than the allowable yearly limit. Please read the rest of this notice for additional information on work and reporting.

Note to Terminated Mother/Father Beneficiary:

You are not entitled to widow(er)'s benefits because you are not age 60 or disabled and age 50.

Note to Terminated Wife Beneficiary:

You are not entitled to retirement benefits because you are not yet age 62.

Note to Student Beneficiary:

If your benefits are being stopped because we did not receive your student report and you filed a report with your school more than two weeks ago, please contact any Social Security office for assistance. DO NOT CONTACT YOUR SCHOOL IF YOU HAVE ALREADY FILED A REPORT.

If you have not completed your report you should do so IMMEDIATELY and take it to your school. If you need a report form, ask for one at any Social Security office. If you have taken the form to your school within the last two weeks, you needn't contact the Social Security office unless your benefit check does not arrive on time.

1. If You Disagree With This Decision

If you disagree with this decision, you have the right to appeal. If you want this appeal you must request it not later than 60 days from the date you receive this notice. You may make your request through any Social Security office. If additional evidence is available, you should submit it with your request.

2. How Your Work And Earnings Affect Your Benefits

Your work will only affect your Social Security benefits if your total earnings are over the limits we show below

<u>Annual Limit for 1993</u>	<u>Under age 65</u>	<u>Age 65-69</u>	<u>Age 70 or over</u>
	\$7680	\$10560	No Limit

If you earn over the annual limit, \$1 will be withheld from your benefits for each \$2 of earnings under age 65) or for each \$3 of earnings (65-69) above the annual limit.

3. How Age Affects Your Benefits

As you can see from the chart above, people who are 65 to 69 have a higher earnings limit than people who are under 65. We use the higher earnings limit if you turn 65 on or before January 1, 1994.

In figuring your total earnings, we do not count any amount earned beginning with the month you become 70. If you turn 70 on the first day of the month, we consider you to be 70 in the prior month.

If you turn 70 on January 1, 1994, we do not count any amount earned beginning December 1993.

4. Report Any Significant Change in Your Work and Earnings to Any Social Security Office

Examples of important changes are if you:

- Go to work while under age 70 and expect to earn over the annual limit amounts.
- Have previously reported that you expect to earn over the annual limit amount from work, but
 - You stop work, or
 - You expect to earn substantially more or less in the year than you previously told us.

At the end of the year, you need to complete an annual report of earnings to help us make sure that we paid you the correct amount of benefits. After you return the report, we will make any necessary changes to your benefits because of the earnings. Prompt reports help us to adjust your benefits when you have income from work. Late reports cause us to withhold benefits during periods when you may not have income from work. Even when benefits stop during the year, you must file a report if you earn over the annual limits.

5. Information About Medical Insurance Premiums

a. If monthly Social Security benefits are being paid to you now—Your next payment will be adjusted for any premiums you now owe or excess premiums you have paid in advance. After that, 1 month's premium will be withheld from your benefit payment each month.

b. If monthly Social Security benefits are not being paid to you now—We will charge a monthly premium for medical insurance under Medicare. The first bill we send will be for all premiums now due. After that, each bill we send will be for a 3-month period, and will be sent to you shortly before payment is due.

6. Information About Overpayments

Any overpayment must be paid back unless the following statements are true:

- The overpayment wasn't your fault in any way, and either
- You couldn't meet your necessary living expenses if you had to pay back the overpayment or it would be unfair for some other reason.

If you believe you should not have to repay the money, you should contact any Social Security office. You may need to show proof of your monthly income, expenses and assets. If you cannot afford the proposed reduction of your benefits, you should contact us.

7. Special Reporting Events For People Receiving Disability Benefits

- Let us know if your medical condition improves, you return to work, or your work status changes.
- Contact us if you begin receiving workmen's compensation benefits, the amount you are already receiving changes, or you receive a lump sum payment.

8. If You Have Any Questions

If you have any questions, you may call us at 1-800-772-1213. We can answer most questions over the phone. You may also call or visit any Social Security office. The office that serves your area is located at:

BRANCH OFFICE
LUMBERTON PLAZA
1636-19 ROUTE 38
MT HOLLY NJ 08060

If you do call or visit an office, please have this letter with you. It will help answer your questions.

SOCIAL SECURITY AWARD CERTIFICATE

FROM: DEPARTMENT OF HEALTH AND HUMAN SERVICES
SOCIAL SECURITY ADMINISTRATION

DATE: 05/07/93
CLAIM NUMBER:

TYPE OF BENEFIT	DATE OF ENTITLEMENT	MONTHLY BENEFIT
WIDOW	04/93	\$645

AMOUNT OF FIRST PAYMENT: \$50.00

THE BENEFIT AMOUNT WAS CHANGED IN THE MONTH SHOWN ABOVE BECAUSE OF THE DEATH OF THE INSURED PERSON.

YOUR FIRST CHECK WILL HAVE BEEN ADJUSTED FOR THE DIFFERENCE BETWEEN BENEFITS ALREADY PAID AND THOSE NOW PAYABLE ON THIS ACCOUNT.

THE FIRST CHECK INCLUDES A LUMP SUM DEATH PAYMENT OF \$255.00.

YOUR NEXT CHECK HAS BEEN ADJUSTED FOR ANY MEDICAL INSURANCE PREMIUMS NOW DUE OR PAID IN ADVANCE. THEREAFTER, THE PREMIUM WILL BE DEDUCTED FROM YOUR REGULAR MONTHLY BENEFIT CHECK.

PLEASE READ THE ENCLOSED PAMPHLET, "WHEN YOU GET SOCIAL SECURITY RETIREMENT OR SURVIVORS BENEFITS...WHAT YOU NEED TO KNOW." IT TELLS YOU ABOUT CERTAIN EVENTS THAT YOU MUST REPORT TO US AND HOW TO REPORT.

THIS IS THE ONLY MONTHLY BENEFIT YOU CAN RECEIVE ON THIS SOCIAL SECURITY RECORD. IF YOU WERE MARRIED BEFORE, YOU MAY BE ABLE TO GET A HIGHER BENEFIT ON THE RECORD OF A PRIOR SPOUSE. IF YOU THINK YOU MAY QUALIFY, PLEASE CONTACT US.

IF YOU BELIEVE THAT THIS DETERMINATION IS NOT CORRECT, YOU MAY REQUEST THAT YOUR CASE BE REEXAMINED. IF YOU WANT THIS RECONSIDERATION, YOU MUST REQUEST IT NOT LATER THAN 60 DAYS FROM THE DATE YOU RECEIVE THIS NOTICE. YOU MAY MAKE ANY SUCH REQUEST THROUGH ANY SOCIAL SECURITY OFFICE. IF ADDITIONAL EVIDENCE IS AVAILABLE, YOU SHOULD SUBMIT IT WITH YOUR REQUEST.

IF YOU HAVE ANY QUESTIONS, YOU MAY CALL US AT 1-800-772-1213. WE CAN ANSWER MOST QUESTIONS OVER THE PHONE. YOU CAN ALSO WRITE OR VISIT ANY SOCIAL SECURITY OFFICE. THE OFFICE THAT SERVES YOUR AREA IS LOCATED AT

BR OFF HAWAII AVE NE
SUITE 3
333 HAWAII AVE NE
WASHINGTON DC 20011

ENCLOSURE:
PUB. 05-10077

SEE NEXT PAGE

IF YOU DO CALL OR VISIT AN OFFICE, PLEASE HAVE THIS LETTER WITH YOU. IT WILL HELP US ANSWER YOUR QUESTIONS. ALSO, IF YOU PLAN TO VISIT AN OFFICE YOU MAY CALL AHEAD TO MAKE AN APPOINTMENT. THIS WILL HELP US SERVE YOU MORE QUICKLY WHEN YOU ARRIVE AT THE OFFICE.



ACTING COMMISSIONER
OF SOCIAL SECURITY

Social Security Administration
Supplemental Security Income
 Notice of Planned Action

Date: November 26, 1993

Claim Number:

* Type of Payment *
 Individual--Disabled

We are writing to tell you about changes in your Supplemental Security Income payments. The following chart shows the SSI money due you for the months we changed. As you can see from the chart, we are changing your payments for both past and future months. The rest of this letter will tell you more about this change.

Your Payments Will Be Changed As Follows:

From	Through	Amount Due Each Month
November 01, 1993	November 30, 1993	\$.00
January 01, 1994	Continuing	\$434.00

We will reduce your payment as shown above beginning January 1994.

Why Your Payments Changed

Because of your income, you were not eligible to receive Supplemental Security Income payments for November 1993.

Information About Your Payments

Your regular monthly ~~check~~ of **\$82.00** will be sent to your representative payee about the first day of **January 1994**.

Your Payment Is Based On These Facts

You have monthly income which must be considered in figuring your eligibility as follows:

- Your Social Security benefits-- before deductions for Medicare premiums, if any-- of \$372.00 for December 1993 on.

- Your special one-time payment of Social Security benefits-- before deductions for Medicare premiums, if any-- received November 1993 of \$3,431.29.

Information About Your Back Payments

We sent you a Social Security check for \$3,431.29 in November 1993. We will not count the part of this money which was due for back payments as your resource for 6 months. If the money is not spent before June 01, 1994, we will count any money left over as part of your resources. But things bought with this money may count as resources the month after they are bought. Your Social Security office can tell you which things count as resources. You cannot get SSI if the resources we count have a value of more than \$2000.00.

Things To Remember

- We may be in touch with you later about any payments we previously made.
- This decision refers only to your claim for Supplemental Security Income payments.
- This determination replaces all previous determinations for the above periods.
- This information is also being sent to your representative payee.

Do You Disagree With The Decision?

If you disagree with the decision, you have the right to appeal. We will review your case and consider any new facts you have.

- You have 60 days to ask for an appeal.
- The 60 days start the day after you get this letter. We assume you got this letter 5 days after the date on it unless you show us that you did not get it within the 5-day period.
- You must have a good reason for waiting more than 60 days to ask for an appeal.
- To appeal, you must fill out a form called "Request for Reconsideration." The form number is SSA-561. To get this form, contact one of our offices. We can help you fill out the form.

Appeal In 10 Days To Keep Getting Your Same Check

- We won't change your check if you appeal within 10 days.

- The 10 days start the day after you get this letter.
- If you lose your appeal you might have to pay back some or all of this money.

How To Appeal

There are three ways to appeal. You can pick the one you want. If you meet with us in person, it may help us decide your case.

- Case Review. You have a right to review the facts in your file. You can give us more facts to add to your file. Then we'll decide your case again. You won't meet with the person who decides your case.
- Informal Conference. You'll meet with the person who decides your case. You can tell that person why you think you're right. You can give us more facts to help prove you're right. You can bring other people to help explain your case.
- Formal Conference. This is a meeting like an informal conference. The difference is we can make people come to help prove you're right. We can make them bring important papers about your case, even if they don't want to help you. You can question these people at your meeting.

If You Want Help With Your Appeal

You can have a friend, lawyer or someone else help you. There are groups that can help you find a lawyer or give you free legal services if you qualify. There are also lawyers who do not charge unless you win your appeal. Your local Social Security office has a list of groups that can help you with your appeal.

If you get someone to help you, you should let us know. If you hire someone, we must approve the fee before he or she can collect it.

If You Have Any Questions

If you have any questions, you may call us toll-free at 1-800-772-1213, or call your local Social Security office at 1-419-259-6250. We can answer most questions over the phone. You can also write or visit any Social Security office. The office that serves your area is located at:

DISTRICT OFFICE
2ND FLR FEDERAL BLDG
234 SUMMIT STREET

Social Security Administration
Retirement, Survivors, and Disability Insurance
Notice of Change in Benefits

MID-ATLANTIC PROGRAM SERVICE CENTER
300 SPRING GARDEN STREET
PHILADELPHIA, PENNSYLVANIA 19123-2992
DATE: MAY 15, 1993
CLAIM NUMBER:

Thank you for your work report showing you earned \$00,000 in 1991 and expect to earn less than \$10,560.00 in 1993.

Based on your work report, we have determined you have been underpaid \$6,532.00 for 1991.

Because of information on our records, you have been incorrectly paid \$196.00 for 1993.

Please see the attached for more information about how your benefits have been affected, the amount of your next check and the date you will receive it, and an explanation of any appeal rights.

If you have any questions, you may call us toll free at 1-800-772-1213, or call your local Social Security office at 1-703-274-0145. We can answer most questions over the phone. You can also write or visit any Social Security office. The office that serves your area is located at:

DISTRICT OFFICE
SUITE 220
6295 EDSALL ROAD
ALEXANDRIA, VA 22312

If you do call or visit an office, please have this letter with you. It will help us answer your questions. Also, if you plan to visit an office, you may call ahead to make an appointment. This will help us serve you more quickly when you arrive at the office.

Laurie Watkins

Laurie Watkins
Assistant Regional Commissioner,
Processing Center Operations

INFORMATION SHEET FOR

How 1991 Earnings Affect Benefits:

Benefits credited based on our record-----	\$ 3519.00
Reported earnings -----	\$0
Benefits credited based on report-----	\$10051.00
Underpayment-----	\$ 6532.00
Overpayment for 1992 -----	\$ 143.00

How 1993 Estimated Earnings Affect Benefits:

Benefits credited through April based on our record----	\$ 3762.40
Estimated earnings -----	\$0
Benefit credited through April based on estimate-----	\$ 3566.40
Incorrect payment-----	\$ 196.00
Remaining underpayment based on this report-----	\$ 6336.00

Previously Identified Overpayments:

Overpayment - recovery by full withholding of benefits

Amount of overpayment-----	\$ 6291.00
Amount of underpayment applied-----	\$ 6291.00
Balance of overpayment-----	.00

Payment Information:

Your May benefit has been reduced due to your previous overpayment. You will receive a payment of \$757.00 for May about June 03, 1993. Thereafter your monthly benefit will be \$855.00.

Your medical insurance premiums will be deducted from your monthly benefits beginning May 1993.

Earnings Test:

How your work and earnings affect your benefits depends upon the amount of your earnings. You can receive all your benefits if your earnings do not exceed the annual exempt amount. In 1993 this

See continuation sheet

INFORMATION SHEET FOR

- CONTINUATION

amount is \$10,560. If you earn over this amount, we will withhold your full monthly benefits until one-third of your earnings over \$10,560 have been withheld.

You should report changes in your earnings to any Social Security office. Based on the report, we can adjust your benefits to make sure you receive the correct amount each month. Any difference between the benefits we withhold based on your earnings estimate and the amount that must be withheld based on your actual earnings will be made up after you file your next annual report of earnings.

Appeal Rights:

If you disagree with our determination, you can request a reconsideration within 60 days of the date you receive this notice. If you have additional evidence to support your claim, you should submit it with your request for reconsideration.

Please call, write, or visit any Social Security office if you want to request reconsideration. The people there will be glad to help you complete the form for reconsideration (SSA-561 Request for Reconsideration).

You can have a friend, lawyer or someone else help you. There are groups that can help you find a lawyer or give you free legal services if you qualify. There are also lawyers who do not charge unless you win your appeal. Your local Social Security office has a list of groups that can help you with your appeal.

If you get someone to help you, you should let us know. If you hire someone, we must approve the fee before he or she can collect it. And if you hire a lawyer, we will withhold up to 25 percent of any past due benefits to pay toward the fee.

Chairman JACOBS. Thank you very much.

Mr. Bunning.

Mr. BUNNING. We are getting conflicting stories here from the GAO and from the Social Security Administration. How much dissatisfaction have you found in your study of over 500 letters? What percentage are we talking about that had difficulty understanding what the Social Security Administration was trying to say to them?

Mr. DELFICO. We haven't tallied up the percentages yet, but I can give you what the early indications are in going through those letters. We have taken selected problem areas, and we have included them in our appendix to the testimony. There are four kinds of letters that seem to pop up as major problems.

One is the form letter that basically is used for a number of different situations, and that, I think, is in our first appendix, which basically shows little information on there to determine what this letter is telling you.

Mr. BUNNING. The purpose for which it was sent?

Mr. DELFICO. Right. Actually, the one we showed in the appendix is basically a transfer from the disability program to the retirement program. There is really no change, but you could imagine what that could mean to some people if the purpose isn't there and clearly spelled out.

There is another letter in there that deals with overpayments. That seems to come up quite often. The difficulty we had was trying to reconcile what the actual reduction in benefit payment would be. This computation usually took us a long time to try to figure out.

I wanted to make a point about this. In all that you have heard about standards and improving the language and the layout of the letters, which is good and has helped, we find no evidence that there are, at least initially, any changes proposed in the systems or in the software that calculate the benefit amounts or reductions in benefit amounts. So there are going to be gaps in the information, and people may not be able to follow how their benefit is going to be reduced without these system upgrades. That is a point we hope we made clear in our written testimony.

Mr. BUNNING. Then you are suggesting that, in spite of the willingness of the SSA to make changes, there are still going to be some basic flaws in their communication with people?

Mr. DELFICO. Exactly.

Mr. BUNNING. Because, you are saying, of a computer upgrade as far as the software is concerned?

Mr. DELFICO. The software has to be developed to be able to tap into their data bases to make the arithmetic calculations needed.

Mr. BUNNING. As I suggested, in other words, on the amount of checks, what checks are involved? They don't have that software available?

Mr. DELFICO. The software changes have not been developed yet. It is not high on the priority list.

Mr. BUNNING. Should I send someone over from my office and let them help them? [Laughter.]

That is not a very complicated software change. Instead of dating a certain timeframe, from April 1993 to September 1993, which is in dispute in an overpayment, we could say April 15, May 15, and

here are the check numbers. I think the person would be able to understand a heck of a lot better if those were specified in the letter. There wouldn't be the confusion that could arise, where a person kind of throws up their hands and says, I don't know what they are talking about.

So you think it is a software problem, an upgrade in software?

Mr. DELFICO. The major problems we see are software problems, and a major upgrade in their computer system. Although the system may not be difficult to redesign, it may be costly and it may not fit within the priorities for the development of all their technology.

Mr. BUNNING. I would make a very strong suggestion, as I did earlier on, that those few suggestions that we made might eliminate some of the many problems that you are finding.

If you have some other specific ideas or recommendations, how to change and how to upgrade and make sure there are fewer people being confused by the notices, I would really appreciate hearing from you.

Mr. DELFICO. We will. As we develop them, we will let you know.

Mr. BUNNING. Thank you.

Chairman JACOBS. Mr. Brewster.

Mr. BREWSTER. Thank you Mr. Chairman.

Your testimony has pretty well verified a lot of my thoughts for years. When I was in the State legislature in Oklahoma, a lot of my constituents would bring Social Security letters to me to try to read for them. I couldn't do it, either.

I think it is interesting that of the 500 letters that you selected, the GAO staff, as you say, with an accounting background and years of Social Security program knowledge, had difficulty determining or verifying the specific points contained in the letters.

If your staff can't do it, how in the world can our constituents who are in the Social Security program, many with a limited education, be expected to understand those? I certainly believe that clarification is something that is extremely important.

Wouldn't it follow that if you have to contact Social Security for an explanation of what that letter says, you increase the workload, or at least double the workload in that scenario? So by developing the software to send a clearly readable letter out, you would diminish the workload fairly significantly, would you not?

Mr. DELFICO. I would imagine you would. I think Mr. Bunning said in his district there are quite a few complaints about the workloads at the district offices, and you have also indicated that. We have numbers ranging anywhere from 2 percent up to 50 percent of the workload is generated by these letters. Now we haven't verified the numbers yet, but that is quite a variation. Given how strapped they are for people and their future workload requirements, improving the notices would be helpful.

Mr. BREWSTER. As we have an aging population, that workload is going to increase on its own, so whatever we could do to reduce duplication would certainly appear to be cost effective for the agency.

Mr. DELFICO. Exactly.

Mr. BREWSTER. Like Mr. Bunning, I would like to see any recommendations that you might generate.

Mr. DELFICO. We will keep you informed as we get going on it.
Mr. BREWSTER. I certainly look forward to working with you on it.

Mr. DELFICO. Thank you.

Chairman JACOBS. Mr. Delfico, I think that is sufficient. Thank you for your contributions to the record. We are grateful.

Mr. DELFICO. Thank you Mr. Chairman.

Chairman JACOBS. Vivian Walch from New York, N.Y., accompanied by Richard Morris.

Good morning. Ms. Walch, you are welcome.

**STATEMENT OF VIVIAN WALCH, NEW YORK, N.Y.,
ACCOMPANIED BY RICHARD MORRIS, COUNSEL**

Ms. WALCH. My name is Vivian Walch. I reside in New York City and I am a single person caring for a granddaughter on a fixed income.

I want to thank the committee for taking the time today to hear about my problems with the Social Security Administration.

I was employed by the New York City Transit Authority as a token clerk for 22 years. In 1985, I injured my back but continued to work with pain as best as I could until August 1991, when my back pain became so bad I was forced to leave my job before I had anticipated retiring.

I presently live on a total income consisting of workers' compensation benefits and my New York City Transit Authority pension. I pay rent, utility, food bills, and all of the other living expenses paid by millions of Americans from this meager monthly sum.

In April 1993, I filed for Social Security disability benefits at the local district office at West 125th Street in Manhattan, explaining that my back condition prevented me from doing any work and caused me to retire from my job earlier than I wanted to.

In July 1993, I was notified in writing that my claim had been denied. Following the instructions in the letter I received, I went to the Social Security office on West 125th Street and requested reconsideration.

I heard from Social Security on November 18, 1993, when I received a letter telling me my claim was denied because my breathing problem did not prevent me from returning to work as a nursing supervisor. I have never worked as a nursing supervisor, and my disability is based on my back condition. This letter also contained the wrong Social Security number.

Upon receipt of this letter, I called the West 125th Street office and spoke with a Mr. Laoube, a supervisor, explaining that I received the wrong notice, that I never worked as a nursing supervisor, and my disability was a back problem and the letter I received did not even have my Social Security number on it. I explained to Mr. Laoube that I was quite anxious to know what was going on in my case.

Mr. Laoube said he would resubmit my application in order to have my case properly decided.

On December 20, 1993, I received a second notice, also dated November 18, 1993, giving the same reason for denying my claim as the original notice I had received in November, that my breathing

problem would not prevent me from returning to work as a nursing supervisor.

Being thoroughly confused by this letter, I called Social Security, this time calling the 800 number. I spoke with a Ms. Jackson and explained to her all that had happened in my claim. She told me that the local office at West 125th Street would get in touch with me after correcting their error.

I never heard from Social Security again. After waiting until March, I retained Mr. Morris, my attorney, who explained to me the time to request a hearing had passed, as I had to request one within 60 days of receiving a denial. In order to get a hearing on the case, I would have to show a good cause for Social Security to accept a late filing on my request for hearing.

I did indeed request a hearing after speaking with Mr. Morris, and I am now waiting to see if I will be given a hearing in spite of this late filing.

I was terribly frustrated by the errors made by Social Security and my inability to get a satisfactory response to my question and my problems. I continue to be frustrated by the delay caused by the individuals and the fact that my claim has not been adequately resolved.

Although I have always expected a government agency to be of assistance to me, a hard-working taxpayer, going through this process at Social Security was very disappointing as I found myself with no place to turn for help in correcting the errors that were made and compounded by the Social Security Administration in connection with my claim.

I continue to be frustrated by the fact that I have never received a notice from the Social Security Administration addressing either my back disability or the fact that I did not work as a nursing supervisor, but as a token clerk for the New York City Transit Authority.

[Attachments to the prepared statement follow:]

Social Security Notice of Reconsideration

From: Department of Health Education and Welfare
Social Security Administration

NOT 1 1980

Vivian Walch
361 West 121st St./#2 So.
New York, NY 10027

Date:

Claim Number: 060-28-6381

Claim for

- ☒ Disability Insurance Benefits
☐ Disabled Widow, Widower Benefits
☐ Childhood Disability Benefits

Upon receipt of your request for reconsideration we had your claim independently reviewed by a physician and disability examiner in the State agency which works with us in making disability determinations. The evidence in your case has been thoroughly evaluated; this includes the medical evidence and additional information received since the original decision. We find that the previous determination denying your claim was proper under the law. The second page of this notice identifies the legal requirements for your type of claim.

The determination on your claim was made by an agency of the State. It was not made by your own doctor or by other people or agencies writing reports about you. However, any evidence they gave us was used in making this determination. Doctors and other people in the State agency who are trained in disability evaluation reviewed the evidence and made the determination based on Social Security law and regulations.

If you believe that the reconsideration determination is not correct, you may request a hearing before an administrative law judge of the Office of Hearings and Appeals. If you want a hearing, you must request it not later than 60 days from the date you receive this notice. You may make your request through any Social Security office. Read the enclosed leaflet for a full explanation of your right to appeal.

New Application:

You have the right to file a new application at any time, but filing a new application is not the same as appealing this decision. If you disagree with this decision and you file a new application instead of appealing:

- you might lose some benefits, or not qualify for any benefits, and
- we could deny the new application using this decision, if the facts and issues are the same.

So, if you disagree with this decision you should file an appeal within 60 days.

This decision refers only to your claim for benefits under the Social Security Disability Insurance Program. If you applied for other benefits, you will receive a separate notice when a decision is made on that claim(s).

Enclosure:
SSA Pub. No. 70-10282

Important: See second page for additional information

If you have questions about your claim, you should get in touch with any Social Security office. Most questions can be handled by telephone or mail. If you visit an office, however, please take this letter with you.

REQUIREMENTS FOR DISABILITY BENEFITS

Disability Insurance Benefits

To be considered disabled, a person must be unable to do any substantial gainful work due to a medical condition which has lasted or is expected to last for at least 12 months in a row. The condition must be severe enough to keep a person from working not only in his or her usual job, but in any other substantial gainful work. We look at the person's age, education, training and work experience when we decide whether he or she can work.

Disabled Widow or Widower Benefits

A widow, widower or surviving divorced spouse (age 50 to 60) must meet the disability requirement of the law within a specified 7-year period. A person may be considered disabled only if he or she has a physical or mental impairment that is so severe as to ordinarily prevent a person from working. The disability must have lasted or be expected to last for a continuous period of at least 12 months.

Childhood Disability Benefits

Childhood disability benefits may be paid to a person age 18 or older if the person has a disability which began before age 22 or within 84 months of the end of an earlier period of childhood disability. The condition, whether physical or mental, must be severe enough to keep the person from doing any substantial gainful work. We look at the person's age, education and previous training when we decide whether he or she can work. In addition, the condition must have lasted or be expected to last for at least 12 months in a row.

EXPLANATION OF DETERMINATION

Name of Claimant	NH's Name (if CDB or LWB Claim)	SSN	Type of Claim
Vivian Walch		214-58 6396	

The determination on your claim was made by a State agency based on Social Security law and regulation. It was NOT made by your own doctor or by other people or agencies providing reports about your condition. Any reports given us, however, were used in making this decision.

The State agency that decided your claim had the following in addition to report(s) mentioned in our last notice: Health Disability Consulting Services, examination report of 11/5/93. We did not obtain any other reports because no others were available.

The opinion provided by your treating source has been considered in this decision.

You said you were disabled because of a breathing problem. The medical evidence shows that you have had some shortness of breath. Based on your description of your job as a nursing supervisor, your condition does not prevent you from performing this work.

7153 B004 11/17/93

Social Security Notice of Reconsideration

From: Department of Health Education and Welfare
Social Security Administration

NOV 18 1993

Vivian Walch
361 West 121st St./#2 So.
New York, NY 10162

Date:

Claim Number: 214-58-6396

Claim for
☒ Disability Insurance Benefits
☐ Disabled Widow, Widower Benefits
☐ Childhood Disability Benefits

Upon receipt of your request for reconsideration we had your claim independently reviewed by a physician and disability examiner in the State agency which works with us in making disability determinations. The evidence in your case has been thoroughly evaluated; this includes the medical evidence and additional information received since the original decision. We find that the previous determination denying your claim was proper under the law. The second page of this notice identifies the legal requirements for your type of claim.

The determination on your claim was made by an agency of the State. It was not made by your own doctor or by other people or agencies writing reports about you. However, any evidence they gave us was used in making this determination. Doctors and other people in the State agency who are trained in disability evaluation reviewed the evidence and made the determination based on Social Security law and regulations.

If you believe that the reconsideration determination is not correct, you may request a hearing before an administrative law judge of the Office of Hearings and Appeals. If you want a hearing, you must request it not later than 60 days from the date you receive this notice. You may make your request through any Social Security office. Read the enclosed leaflet for a full explanation of your right to appeal.

New Application:

You have the right to file a new application at any time, but filing a new application is not the same as appealing this decision. If you disagree with this decision and you file a new application instead of appealing:

- you might lose some benefits, or not qualify for any benefits, and
- we could deny the new application using this decision, if the facts and issues are the same.

So, if you disagree with this decision you should file an appeal within 60 days.

This decision refers only to your claim for benefits under the Social Security Disability Insurance Program. If you applied for other benefits, you will receive a separate notice when a decision is made on that claim(s).

Enclosure:
SSA Pub. No. 70-10282

Important: See second page for additional information

If you have questions about your claim, you should get in touch with any Social Security office. Most questions can be handled by telephone or mail. If you visit an office, however, please take this letter with you.

REQUIREMENTS FOR DISABILITY BENEFITS

Disability Insurance Benefits

To be considered disabled, a person must be unable to do any substantial gainful work due to a medical condition which has lasted or is expected to last for at least 12 months in a row. The condition must be severe enough to keep a person from working not only in his or her usual job, but in any other substantial gainful work. We look at the person's age, education, training and work experience when we decide whether he or she can work.

Disabled Widow or Widower Benefits

A widow, widower or surviving divorced spouse (age 50 to 60) must meet the disability requirement of the law within a specified 7-year period. A person may be considered disabled only if he or she has a physical or mental impairment that is so severe as to ordinarily prevent a person from working. The disability must have lasted or be expected to last for a continuous period of at least 12 months.

Childhood Disability Benefits

Childhood disability benefits may be paid to a person age 18 or older if the person has a disability which began before age 22 or within 84 months of the end of an earlier period of childhood disability. The condition, whether physical or mental, must be severe enough to keep the person from doing any substantial gainful work. We look at the person's age, education and previous training when we decide whether he or she can work. In addition, the condition must have lasted or be expected to last for at least 12 months in a row.

Social Security Administration

EXPLANATION OF DETERMINATION

Name of Claimant	NH's Name (if CDB or F/WB Claim)	SSN	Type of Claim
Vivian Welch		214-58-6396	

The determination on your claim was made by a State agency based on Social Security law and regulation. It was NOT made by your own doctor or by other people or agencies providing reports about your condition. Any reports given us, however, were used in making this decision.

The State agency that decided your claim had the following in addition to report(s) mentioned in our last notice: Health Disability Consulting Services, examination report of 11/5/93. We did not obtain any other reports because no others were available.

The opinion provided by your treating source has been considered in this decision.

You said you were disabled because of a breathing problem. The medical evidence shows that you have had some shortness of breath. Based on your description of your job as a nursing supervisor, your condition does not prevent you from performing this work.

7153 B004 11/17/93

Chairman JACOBS. Thank you, Ms. Walch.

Mr. Bunning.

Mr. BUNNING. May I ask you who your Congressperson is?

Ms. WALCH. Mr. Rangel.

Mr. BUNNING. I am dumfounded that you didn't pick up a phone and call his office and say, what is going on?

Ms. WALCH. I was going to. I had a lot of other little things come up, but I was going to.

Mr. BUNNING. If you want to get something done on this, call his office right now. I say that, not that you didn't hire the proper counsel or anything, but the first people we hear from are people exactly like you that Social Security has absolutely screwed up.

By that, I mean they put the wrong Social Security number on it, they don't even understand what claim you have filed. It gets into the computer, and somehow, that new software program that they are talking about doesn't allow it to get in or out. It is stuck. Unfortunately, you are a victim of the system rather than someone who is being served by the system. It happens not only at the 125th Street office of Social Security, it happens all over this country.

Somehow, Charlie Rangel will be able to solve your problem if you get in touch with him. Believe me, he will cut through the red-tape that says you are too late to appeal. How can you appeal something that you didn't have notice of?

This is a general bureaucratic screw-up—that is what it is—and I will take your case to Charlie, if you would like me to, because I want to see that you get a fair hearing on whether you should or should not get your disability.

Ms. WALCH. I need all the help I can get. I would appreciate it.

Mr. BUNNING. Thank you.

Chairman JACOBS. Mr. Morris, did you have anything percolating that you would like to comment on?

Mr. MORRIS. I have been practicing in this field for about 18 years now. I try cases before the Social Security Administration on almost a daily basis. I, unfortunately, see many, many of these cases. This is not an isolated situation.

I feel confident that, in spite of the screw-up, as pointed out by Mr. Bunning, Ms. Walch will get her day in court and will have a hearing and hopefully will successfully resolve this problem.

Chairman JACOBS. I yield.

Mr. BUNNING. That is fine, and I don't disagree with that, but she should have been taken care of within the timeframe. We have backup on SSI and SSDI and all these things. If we have someone sitting for 1 year or 1½ years who could have been taken care of within a timeframe of 5, 4, 3, months, and if it is a legitimate claim and she should have been getting those checks, are we going to backdate those checks?

Mr. MORRIS. They will give her retroactive benefits, that is correct.

Mr. BUNNING. What does she do if she can't work? What happens if she is stuck—and she said that she is stuck at certain income levels. She has been put in jeopardy by our system.

Mr. MORRIS. Correct.

Mr. BUNNING. That just infuriates me. So I will personally take your case to your Congressperson, and I will make sure he will take care of it.

Ms. WALCH. I appreciate that.

Chairman JACOBS. And by the strangest chance, Mr. Rangel serves on the Ways and Means Committee. That will not hurt. It helps us a great deal, because we can speak of these things in the abstract.

In most cases, we are not talking about any intent to do harm, we are not talking about even wanton recklessness. We are talking about how you get closer. If you always go between here and that wall, halfway each time, you will never get to the wall. You will always go halfway. We want to get as close as we can. Nobody is perfect. People do make errors.

There was a lobbyist here, I guess he is still around, his name was Bob McLaughlin. He was with the AFL-CIO. That is his name, Robert McLaughlin. He went to some kind of reception and somebody called him Ralph McLaughlin, and the Washington Post wrote a little report about it and how absurd it was to call him Ralph when in fact his name was Richard. [Laughter.]

So nobody is perfect, but we try as best we can. Mr. Bunning is very generous in his offer, and I am sure that Mr. Rangel will be very happy to help. Most people, anywhere in the world, tend to believe in justice, and when it is denied, it is among the saddest of human relationships. We hope it can be straightened out.

We are particularly grateful to you for fleshing out our record to show how all these things we speak about in the abstract fall in real lives and cause trouble, so thank you very much.

Ms. WALCH. Thank you.

Mr. MORRIS. Thank you.

Chairman JACOBS. We now have a panel, from the National Senior Citizens Law Center, our friend Ethel Zelenske, and from the National Organization of Social Security Claimants' Representatives, Nancy Shor, executive director.

Counselor, you are listed first. That was the clip in the Tom Hanks movie, wasn't it? Counselor this, counselor that. In any case, we will see if you can get an Academy Award this morning. Go ahead.

STATEMENT OF ETHEL ZELENKE, STAFF ATTORNEY, NATIONAL SENIOR CITIZENS LAW CENTER

Ms. ZELENKE. It is nice being first, given where my name fits in the alphabet.

Thank you for inviting me to testify this morning. Fundamental requirements of due process require the right to be heard, and in order to be heard, the right to receive meaningful notice. Notices have to adequately explain the nature of the action taken and describe methods available to voice objections to that action.

While Congressional efforts over the last decade have attempted to address the problems with SSA's notices, SSA has never been able to fully meet these constitutional objectives. The notices are still written in complex and archaic language that even experienced advocates find difficult to decipher. Also, because the notices fail to

adequately explain the action taken, claimants are unable to make informed decisions about their options.

We all recognize that poor-quality notices have the most serious consequences for claimants and beneficiaries. They incorrectly and unnecessarily lose benefits.

However, SSA is also a loser in this game. Poor notices cause more work for this overburdened agency. There are more calls for explanations, there are more appeals filed, and there are more applications filed.

Over the last year, this subcommittee has collected notices from around the country. Some of these notices, on their face, are clearly outrageous, but it is important to note how subtle omissions also mislead and confuse claimants.

My written statement focuses on four problem areas. First, notices continue to not be understandable. The language is still too complicated. This is borne out by the Office of the Inspector General report that found a decrease between 1987 and 1992 in the percentage of people who can understand the notices. Remember, this has occurred despite 1990 legislation requiring clear and simple language in notices. As another advocate pointed out, you shouldn't need a lawyer to explain a notice.

Second, notices fail to provide adequate information so that claimants understand the basis for SSA's action and can make informed decisions about their options. As you have heard this morning already, this problem cuts across the board, whether the issue involves disability, SSI issues, overpayments, or earnings statements.

Notices consistently fail to adequately explain the rules SSA uses or the evidence that they considered in making their decision. If people were given more information, they could measure the facts in their case against the rules that SSA uses to determine whether the decision is correct or whether they need to appeal it.

A third problem area is because notices are incorrect, misleading, or confusing, claimants relinquish important rights, such as the right to file an appeal, and eventually this means they lose benefits.

I wanted to address in this category a couple of the issues that have come up this morning. First of all, with award notices, one reason I think that the appeals notice should be there is that, as Mr. Jacobs pointed out, often the amount is wrong, and people can appeal that determination. I have done that on a number of occasions for clients. It needs to be worded correctly, though, so that people aren't scared into thinking that something is going to happen to their benefits.

I also wanted to mention in this category the power of notices that have a government stamp on them. I think that GAO referred to the idea of people receiving notices on blind faith. If it comes from the Federal Government, it must be right. While there are a lot of people who question what is going on, I think there are probably a lot more who accept it as a given because it comes from the Federal Government.

In this area of relinquishing important rights, Congress has attempted to require clear language, but problems continue to exist.

The Office of the Inspector General found that people miss the actions they are supposed to take.

Another area, the fourth area, is that notices fail to meet the needs of certain beneficiary populations. My written statement describes several populations that are particularly affected here, persons with mental impairments, persons who are visually impaired, and persons who are non-English speaking.

In conclusion, we recommend that SSA form a notices task force to review notices. I note that SSA's fiscal year 1995 proposed budget does include an initiative in this area, but it has to include the public. Thus, we recognize while a task force would include SSA personnel, it should also include outside linguistic experts and advocates to review notices and should test the effectiveness of proposed notices with claimants and beneficiaries.

Thank you.

[The prepared statement and attachments follow:]

NATIONAL SENIOR CITIZENS LAW CENTER

1815 H STREET, N.W. SUITE 700
WASHINGTON, D.C. 20006

TELEPHONE (202) 887-5280 FACSIMILE (202) 785-6792

WASHINGTON, D.C.
RUKON D. FRETZ
EXECUTIVE DIRECTOR**STATEMENT OF ETHEL ZELENSKE, STAFF ATTORNEY,
NATIONAL SENIOR CITIZENS LAW CENTER
BEFORE THE SUBCOMMITTEE ON SOCIAL SECURITY,
COMMITTEE ON WAYS AND MEANS
UNITED STATES HOUSE OF REPRESENTATIVES****HEARING TO EVALUATE THE ACCURACY AND READABILITY OF NOTICES
SENT TO BENEFICIARIES BY THE SOCIAL SECURITY ADMINISTRATION****MARCH 22, 1994**

Thank you for inviting me to testify today. The National Senior Citizens Law Center (NSCLC) provides national advocacy on behalf of poor persons with specific emphasis on representing the interest of the lowest income elderly people, particularly women and racial and ethnic minorities. NSCLC also provides support to legal services, pro bono, and seniors' advocates who represent elderly poor people. One of NSCLC's priority areas is increasing income security for low-income elderly and disabled persons.

I. BACKGROUND

A basic tenet of due process is the right to be heard, and in order to be heard, the right to first be notified. Due process requires that individuals be given notice at a meaningful time and in a meaningful manner.¹ Thus, notices must be understandable, providing enough information to explain the nature of the action taken and to provide an opportunity to present objections: "This right to be heard has little reality or worth unless one is informed that the matter is pending and can choose for himself whether to appear or default, acquiesce or contest."²

We support the Subcommittee's efforts to address the serious problems caused by the poor quality of notices provided to beneficiaries by the Social Security Administration (SSA). Despite Congress' attempts to improve the quality of notices over the years,³ these provisions have yet to be fully implemented by SSA. Notices continue to be written in complex and archaic language that even experienced advocates find difficult to decipher. No consideration seems to be given to the reading ability of the average claimant/beneficiary.⁴ Moreover, notices fail to adequately

¹ Fuentes v. Shevin, 407 U.S. 67, 79 (1972).

² Mullane v. Central Hanover Bank and Trust Co., 339 U.S. 306, 314 (1950).

³ For example, see 42 U.S.C. § 405(b)(1), (b)(3), and 405(s).

⁴ In 1981, in response to litigation regarding the quality of SSI notices, SSA provided some information about the literacy levels of SSI recipients, recognizing that the average educational level and functional literacy level of SSI recipients is relatively low. 46 Fed. Reg. 42337 (Aug. 20, 1981). In proposing to change its notice of overpayment sent to SSI recipients, SSA stated that its purpose was "to increase SSI applicants' and recipients' awareness of administrative procedures so that they can make informed, knowledgeable and voluntary decisions in the critical area of SSI appeals." *Id.* at 42338. The changes were based on conclusions that "approximately 70 percent of the individuals in the SSI population have not completed the eighth grade. Of this percentage, about 30 percent have not finished the fourth grade." *Id.* (emphasis added). Further, "if 70 percent of the SSI recipients dropped out of school at or below the eighth grade, it is fairly safe to estimate their maximum functional literacy skills at between a sixth and seventh grade level." *Id.* However, the "literacy lag for welfare recipients may be even worse, often four years less than the level of schooling last attended." *Id.*

explain the basis for the action taken by SSA. As a result, the poor quality of SSA's notices lead to erroneous and unnecessary loss of benefits and relinquishment of important rights, such as the right to appeal.

Last year, the Chairman of the Committee on Ways and Means requested that legal services advocates forward to this Subcommittee examples of misleading, confusing or insensitive notices. Many examples were provided on behalf of low-income elderly and disabled persons and have been collected by this Subcommittee. My testimony, which incorporates some of these examples, will focus on the effect of SSA's misleading and confusing notices on individuals and provide recommendations to improve the quality of SSA's notices.

II. HOW POOR QUALITY NOTICES AFFECT BENEFICIARIES

As discussed above, due process requires that notices be understandable and provide sufficient information to explain the agency's action and to contest the action. Over the years, SSA's notices have failed to meet these minimum standards. Problems include the following:

- Notices use language which is too complicated and does not take into consideration the literacy levels of claimants and beneficiaries.
- Many notices are not personalized and fail to provide an adequate or understandable basis for SSA's action. This is particularly a problem with disability decisions and overpayment notices.
- Notices are misleading, incorrect, and confusing. As a result, individuals relinquish important rights, such as the right to appeal.
- Notices fail to meet the special needs of claimants and beneficiaries, such as persons with physical and mental limitations and persons who do not speak English.

A. NOTICES WHICH ARE COMPLICATED AND NOT UNDERSTANDABLE

SSA has a never-ending list of jargon and "terms of art" which find their way into SSA's notices. The complexity of notices is surprising since SSA has determined that the literacy of SSI recipients is at a sixth to seventh grade level. While the functional literacy level of some Title II claimants/beneficiaries may be higher, it still seems reasonable to draft both SSI and Title II notices which are readable at low literacy levels.

Congress has recognized this problem and has required that all SSA notices be written in clear and simple language and contain the address and phone number of the SSA office which serves the individual.⁵ This statutory change represents an improvement from the situation prior to 1990 when the notice, which is difficult to impossible to understand, did not contain the name of the SSA employee responsible for case or how to contact that person. The person receiving the notice was left with the impossible challenge of identifying the problem and what actions SSA planned to take. The first call was to the 800 number where virtually nothing is known about specific cases.

Nevertheless, the situation has not improved significantly. In fact, it appears to have declined. The 1992 HHS Office of Inspector General (OIG) report indicates that the number of beneficiaries who found SSA mail easy or very easy to understand had

⁵ 42 U.S.C. §§ 405(s) and 1383(n).

decreased 13% since 1987. Many of the notices forwarded to this Subcommittee exemplify this problem, including the following notable examples:

- An advocate in Boston described notices received by a Spanish-speaking woman who is representative payee for her minor disabled child's SSI benefits. She received two notices within one week (the first notice had the date adjusted by hand) which were confusing, made no mention of the other notice, even though both affected her son's payment status. The two notices were reconciled only after she and her son obtained representation by a legal services advocate who was able to contact the local district office. The advocate noted in his letter to this Subcommittee: "An SSA Award Notice should not give rise to the necessity of securing legal advice in order to determine the meaning and significance of the notice."
- The same advocate provided a notice which contains unreadable language caused by computer error (Attachment A). He noted: "This gibberish is clearly a computer caused error. Human error, however, caused the Notice to be released in its current condition. This error is indicative of the agency's attitude toward its clientele. The very minimal effort required to check the Notice and have it reprinted was not provided even in the context of a critical Notice of Award."
- An Wisconsin advocate for elderly persons described a case where the client received two notices on the same day and with the same date. The first one he opened said he had been overpaid. The second one he opened covered the same period; however, this one said he had not been paid enough and included a check.
- Another Wisconsin advocate for elderly persons had a client who also received two contradictory and very confusing notices on the same day but in separate envelopes. One notice says her disabled widows benefits have been ceased because she has worked and is considered no longer disabled. The other notice says her benefits will continue because she is no longer working and is still disabled.

B. NOTICES WHICH FAIL TO CONTAIN ADEQUATE INFORMATION

The personalized portion of notices must be more informative so that individuals understand the basis for SSA's decision in their particular case. In 1980, Congress acted to address this problem in disability determinations when it passed legislation to require that any unfavorable disability decision "shall contain a statement of the case, in understandable language, setting forth a discussion of the evidence, and stating the Secretary's determination and the reason or reasons upon which it is based."⁶

Prior to that change, SSA used form denial notices. The legislative history for this amendment sets out congressional concern about notices providing adequate information:

Complaints about the content of denial notices have been voiced for a long time. It is felt that the brief form letter which constitutes the notice does not provide the individual who has been denied benefits with enough of the particulars of his case to provide assurance that his case has been decided fairly.⁷

⁶ 42 U.S.C. §§ 405(b)(1) and 1383(c)(1).

⁷ S.Rep. No. 408, 96th Cong., 2d Sess. 56, reprinted in 1980 U.S.C.C.A.N. 1277, 1334.

Despite the congressional mandate, SSA has interpreted this provision to provide only a bare minimum of personalized information. For instance, there is no explanation of the "sequential evaluation" process, the "residual functional capacity" determination, or the Medical-Vocational regulations (the "grids"). As a result, claimants do not understand the disability determination process and that, because SSA has rules which dictate the outcome in many cases, they must be sure that SSA's information is precise. Without this information, the claimant cannot be expected to know how or why SSA reached its decision.

One notice in which SSA routinely fails to adequately inform individuals is in overpayment notices. Based on my own experience and that of other advocates, overpayments notices rarely provide an adequate basis for the beneficiary to understand how the overpayment occurred or how the overpayment amount was determined. The resulting notices are extremely confusing and it is not unusual, as described in the example above, for a beneficiary to receive a notice of payment and a notice of overpayment on the same day or within a few days of each other. A beneficiary who does not understand the basis of the overpayment and who is confused by the notice is particularly susceptible: failure to act results in loss of benefits.⁸

Many of the collected notices provide striking examples of SSA's failure to provide adequate information about its action so that the claimant/beneficiary has a basis for deciding how to proceed:

- A New York State legal services paralegal described the effect on her disabled clients when they receive notices from the district office designed to expedite the nondisability process while waiting for an ALJ's favorable decision on the disability issue. The notice provides no explanation that it actually serves to benefit the claimant. She described clients as "confused," "angry," or "overwrought" because "they think that they are being asked to jump through yet another hoop before their claim is decided."
- A legal services advocate in Maryland submitted a notice sent to a client in a state mental institution (Attachment B) denying his SSI claim. Between the statements "[t]he rest of this letter will tell you more about our decision" and "[a]lthough you are not eligible for the reasons given above," there is no explanation given for the denial.
- A notice from a Maryland legal services attorney denies an elderly person's SSI claim due to excess income (Attachment C). While listing income considered in figuring eligibility, nowhere does the notice mention the SSI benefit level and how the income measures against that level.
- A Wisconsin advocate for the elderly submitted a notice sent to an 81-year old woman stating "WE NEED TO TALK TO YOU ABOUT AN URGENT SOCIAL SECURITY MATTER." No reason is given for the urgency and only the 800 number was listed (Attachment D).
- A California attorney provided several remarkable examples of notices which failed to provide adequate information, yet chided the claimants and their attorney (Attachment E). One response to a request for reconsideration stated:

It appears the attorney has not correctly understood the situation....We could provide you with a detailed explanation of how this figure was calculated. If really [sic] believe that information would be useful.

⁸ Unless action is taken, SSA often withholds the entire check in the Title II context and up to 10% in SSI cases, until the overpayment is repaid, even though the basis is incorrect, the amount is wrong, or the beneficiary is eligible for a waiver of the overpayment.

However, we must conclude that benefits as awarded are correct (sic) under the law. We hope this satisfactorily explains the reason for the determination in your case. (emphasis added)

C. NOTICES WHICH ARE INCORRECT, MISLEADING OR CONFUSING AND LEAD TO RELINQUISHMENT OF IMPORTANT RIGHTS

Prior to 1991, SSA's notices informed the receiver that he or she could always reapply rather than appeal. However, reapplying resulted in loss of benefits and, where recency of the work test was an issue, even prospective eligibility could be barred on a later application.

Courts have uniformly held that this notice violates due process and that the constitutional violation requires reopening of the earlier application.⁹ In Gonzales v. Sullivan, the U.S. Court of Appeals for the Ninth Circuit held that because the notices did not clearly indicate that if no appeal was filed, the determination was final, they violated one of the fundamental requirements of due process, namely, that "a notice must be reasonably calculated to afford parties their right to present objections."¹⁰

In 1990, Congress acted to address this problem and passed legislation which requires SSA to include in all adverse determination notices "clear and specific" language describing the consequences of choosing to reapply in lieu of filing an appeal.¹¹ The provision also provides that if the claimant demonstrates that by relying upon "incorrect, incomplete, or misleading" information, he or she chose to reapply instead of filing an appeal, then SSA cannot rely on the failure to appeal the first application as a basis for denial of a second application.¹²

Related to the 1990 changes was a provision passed by Congress in 1989 which provides that, where it is determined that SSA provided the claimant with misinformation such that he or she did not file an application for benefits, SSA must back-date the application to the date upon which the incorrect information was provided.¹³

While the legislation has resulted in new, improved notices, the underlying problems continue to exist. The 1992 OIG report found that 72% of beneficiaries surveyed missed one or more questions concerning actions that they were required to perform or could take as an option. It is not unusual for claimants who are illiterate or who have mental or cognitive impairments to rely on oral communication and never have "appeal" explained to them. As a result, they may file repeated applications rather than a single appeal, thus losing possibly years of benefits.

Examples among submitted notices include the following:

- The same California attorney described above submitted a response to a request for reconsideration (Attachment F) which would discourage a claimant

⁹ Gonzales v. Sullivan, 914 F.2d 1197 (9th Cir. 1990); Christopher v. Sec. of HHS, 702 F.Supp. 41, 43 (N.D.N.Y. 1989); Butland v. Bowen, 673 F.Supp. 638 (D.Mass. 1987); Dealy v. Heckler, 616 F.Supp. 880 (W.D.Mo. 1984). SSA has issued Acquiescence Ruling 92-7(9) in the Gonzales case. 57 Fed. Reg. 45061 (Sept. 30, 1992). This ruling applies in Ninth Circuit states only.

¹⁰ 914 F.2d at 1203.

¹¹ 42 U.S.C. §§ 405(b)(3)(B) and 1383(c)(1)(B)(ii).

¹² 42 U.S.C. §§ 405(b)(3)(A) and 1383(c)(1)(B). Both of these provisions apply to adverse determinations made on or after July 1, 1991.

¹³ 42 U.S.C. §§ 402(j)(5) and 1383(e)(5).

from ever again questioning SSA's actions, right or wrong. The notice states: "We call to your attention that while this agency is very concerned with protecting appeals rights of applicants, we do not encourage the filing of frivolous appeals. Be that as it may, a careful review of the evidence was made. We final [sic] the actions taken on this claim are correct under the law."

- An attorney at the University of Hawaii Elder Law Program provided a letter sent to a client who suffered both physical and mental disabilities (Attachment G). It stated: "Please come into the office before Friday, February 14, 1992 at 10:00 a.m. and ask for Miss L." The plain meaning is that the client could walk into the SSA office anytime before Friday 14, 1992, at 10:00 a.m. However, the attorney spoke with the worker and learned that the client was to come in before 10:00 a.m. on the morning of February 14. Had the attorney not clarified the letter, the client may have gone to the office on a different day, finding no one there to assist her, with serious consequences for her claim.
- An advocate from Wisconsin submitted a decision denying a request for waiver of an overpayment (Attachment H). Under "If You Disagree With This Decision," no information is provided about the client's appeal rights.

D. NOTICES WHICH FAIL TO MEET THE SPECIAL NEEDS OF CLAIMANTS AND BENEFICIARIES

1. Persons With Mental Illness

As described in some of the examples, persons with mental illness are more vulnerable to and less discerning about misleading and incorrect information:

The mentally ill are particularly vulnerable to bureaucratic errors. Some do not even understand the communications they receive from SSA. Others are afraid of the system. Even with help from social workers and others, many do not appeal denials or terminations. An erroneous termination or denial of benefits to a mentally ill person means more than that he or she will no longer receive benefits. To many it may mean a severe medical setback.¹⁴

2. Persons With Visual Impairments.

Individuals who receive SSI or Title II benefits on the basis of blindness are entitled to receive special notices from SSA. They can elect to receive:

- a. Supplemental notice by telephone within 5 working days of issuance of written notice, or
- b. Initial notice in the form of a certified letter, or
- c. Notice "by some alternative procedure established by the Secretary and agreed to by the individual."¹⁵

Neither of these provisions address the identical needs of many individuals who are elderly and have impaired vision or who receive disability benefits based upon another impairment but also have visual limitations. Since SSA must have the

¹⁴ *City of New York v. Heckler*, 578 F.Supp. 1109, 1115 (E.D.N.Y. 1984), *aff'd*, 742 F.2d 729 (2d Cir. 1984), *aff'd sub nom.*, *Bowen v. City of New York*, 476 U.S. 467 (1986).

¹⁵ 42 U.S.C. §§ 421(l)(1) and 1383(l)(1).

alternative notice structure in place in both SSI and Title II cases based on blindness, SSA should provide the options to individuals who have impaired vision but who receive benefits based on age or other disability

3. Individuals Who Do Not Speak Or Read English.

SSA's failure to provide notices in languages other than English has been a long-term and well-documented problem. This failure discourages many eligible persons from applying for benefits, increases the difficulties of applicants proving disabilities, and delays determinations and receipt of benefits. Current beneficiaries may suffer benefit reductions, incur erroneous overpayments or lose all benefits because they cannot understand and meet program requirements.

Pursuant to a 1979 consent decree in Cruz v. Califano, a class action lawsuit,¹⁶ SSA has been required to provide certain minimal Social Security and SSI notices to Spanish-speaking persons, including: (1) establishing an indicator in its computer system permanently identifying claimants who need Spanish-language notices; (2) providing Spanish-language cover letters with English language notices in certain adverse determinations such as denial and terminations; and (3) requiring the Office of Hearings and Appeals and the Appeals Council to provide Spanish notices concerning hearing rights, procedures, and decisions on appeal.

Even for Spanish-language claimants, the Cruz procedures have not been fully satisfactory. The cover letter merely describes the English notice and informs the person of the right to appeal the decision. Fully translated notices are not sent. Further, there are serious questions whether SSA complies with the minimal Cruz requirements. SSA's own study shows that a significant number of Spanish speaking clients are not identified in the computer system and do not receive the Spanish language cover letters.¹⁷

Despite the growing need for notices in languages other than English and Spanish, SSA has decided not to expand its provision of translated notices beyond the Spanish language. In OBRA 89, Congress required SSA to submit a report to the House Ways and Means Committee and to the Senate Finance Committee by January 1, 1991, which spells out SSA's current procedures for issuing notices and sets forth "reasonable options for expanding the use of notices in languages other than English."¹⁸

In its March 1991 response, HHS and SSA declined to reach out, stating that SSA will not issue notices in languages other than Spanish. SSA stated that offering translated notices in any other languages would be "impractical and unnecessary because of the large number of languages and the very small number of individuals who want notices in those languages."¹⁹

This response is remarkable in light of criticism directed at SSA since 1979 both from within the Agency, from HHS, and from the public regarding its failure to provide adequate bilingual services. In May 1992, SSA's Office of the Deputy Commissioner

¹⁶ Civ. No. 77-2234 (E.D. Pa. 1979).

¹⁷ Office of the Deputy Commissioner for Human Resources, Office of Workforce Analysis, SSA's *Capacity To Accommodate The Needs of The Non-English Speaking Public* (May 1992) ("DCHR Report"). These conclusions were corroborated by a survey conducted by NSCLC in 1992, discussed below, as part of a report to the Chairman of the House Select Committee on Aging.

¹⁸ Section 10306(b) of Pub. L. No. 101-239.

¹⁹ Department of Health and Human Services, *Reaching Out ... Expanding Social Security Notices to Non-English Speaking People* (March 1991), p. 15.

for Human Resources (DCHR) issued a strongly worded report to the Commissioner, including a list of detailed recommendations for the SSA's provision of bilingual services, including:

- SSA must expand its notices to other foreign languages. At a minimum, notices should be available in Spanish, Vietnamese, Russian, Chinese and Korean.
- Language code indicators should be used consistently in field offices
- All written materials should be prepared in simple and clear language since many non-English speakers are illiterate or have limited ability in their native language.²⁰

In 1992, NSCLC and Evergreen Legal Services, a legal services program in Washington State, collaborated in the research of bilingual services problems at SSA and wrote a report which was submitted to the Chairman of the House Select Committee on Aging.²¹ As part of this report, NSCLC conducted a survey of advocates to help identify problems that their non-English speaking clients' experience at SSA. Excerpts from the report pertaining to notices are attached (Attachment I).

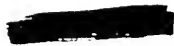
III. RECOMMENDATIONS

Given the poor quality of its notices, we recommend that SSA form a task force to be staffed by SSA personnel, linguistic experts, and advocates from outside SSA to look at notices used by SSA. In addition, notices should be tested in interviews with claimants and beneficiaries. Subjects that the task force should address include:

- A. Ensuring that SSA has fully implemented the OBRA 1990 requirement that notices be clear and understandable. As part of this, SSA needs to carefully review its notices to ensure that they adequately explain the consequences of failing to appeal adverse decisions, including a clear explanation of administrative res judicata--that is, that decisions may become final and unappealable in most cases if the claimant or recipient fails to file a timely appeal.
- B. Investigating whether the current policies and practices respecting good cause determinations in late filing cases due to unclear or inadequate notice are adequate and exploring whether such late filing policies and practices should be liberalized.
- C. Improving notices sent concerning benefit amounts and overpayments. Current SSA notices do not adequately explain how benefit amount and overpayment amounts are determined.
- D. Ensuring that adequate notice is given to recipients concerning overpayment hardship and that repayment agreements may last longer than three years.
- E. Clarifying the right to apply or failure to file a timely appeal based on incorrect, incomplete or misleading information provided by SSA staff.
- F. Ensuring that overpaid Title II beneficiaries receive adequate notice of availability of reduced withholding where the overpayment was not intentionally caused and repayment at a higher rate would create hardship.
- G. Ensuring that SSA notices are translated into proper languages for non-English speaking persons.

²⁰ DCHR Report, note 17.

²¹ *Insurmountable Barriers: Lack of Bilingual Services at Social Security Administration Offices*, Comm. Pub. No. 102-869 (Aug. 6, 1992).

SOCIAL SECURITY ADMINISTRATION

PAGE 4

Additional Information

We did not give you earlier medical insurance because we did not know how to help you. If you are not sure how to get medical insurance, we can help you. If you are not sure how to get medical insurance, we can help you. If you are not sure how to get medical insurance, we can help you.

1. We can help you get medical insurance benefits beginning June 1992;

2. pay us \$259.00 (this covers premiums due from June 1992 through January 1993) or;

3. tell us we can withhold this amount from the check.

If you want the benefits beginning June 1992 but find it hard to pay the premium amount in a lump sum, ask about other ways to pay the money.

Section 206(a) of the Social Security Act requires an attorney to obtain authorization from the Social Security Administration before he or she can represent you. We can help you get this authorization. We can help you get this authorization. We can help you get this authorization.

If You Have Any Questions

If you have any questions, you may call us toll-free at 1-800-772-1213, or call your local Social Security office at 1-508-548-8154. We can answer most questions over the phone. You can write or visit any Social Security office. The office that serves your area is located at:

BRANCH OFFICE
344-A GIFFORD STREET
FAIRMOUTH MA 02541

SEE NEXT PAGE

Attachment A

Claim Number:

195
HARRIET MCCULLOUGH
500 E LEXINGTON ST
BALTIMORE MD 21202-3560

* Type of Claim *

Individual--Disabled

COPY OF OUR NOTICE TO

The following is an exact copy of a notice sent to [REDACTED] today. His name, address and telephone number are shown below. If you no longer wish to receive copies of notices that we send to him, please let us know. The Social Security Administration's telephone number(s) and the address of this person's local office are shown at the end of this notice.

RBC#2
SPRING GROVE HOSP
BALTIMORE MD 21228
Telephone number: 410-455-7705

After a careful review of your case, we have determined that you are not eligible to receive Supplemental Security Income payments under the provisions of Title XVI of the Social Security Act. The rest of this letter will tell you more about our decision.

Information About Medicaid

Since you are not receiving Supplemental Security Income payments, you are not automatically eligible for medical assistance under the Medicaid program. However, if you need help with medical bills, you still may be eligible for medical assistance. Contact the local Department of Social Services which handles eligibility for medical assistance about the eligibility requirements of the State's medical assistance programs.

ATTACHMENT B

579-82-0279
07/27/93

Things To Remember

- • Although you are not eligible for the reasons given above, we have determined that you are disabled.
- If at any time in the future you think you qualify for payment, please contact us immediately about filing a new application. We cannot make payment for any month before the month in which you apply.
- This information is also being sent to HARRIET MCCULLOUGH.

Do You Disagree With The Decision?

If you disagree with the decision, you have the right to appeal. We will review your case and consider any new facts you have.

- You have 60 days to ask for an appeal.
- The 60 days start the day after you get this letter. We assume you got this letter 5 days after the date on it unless you show us that you did not get it within the 5-day period.
- You must have a good reason for waiting more than 60 days to ask for an appeal.
- To appeal, you must fill out a form called "Request for Reconsideration." The form number is SSA-561. To get this form, contact one of our offices. We can help you fill out the form.

How To Appeal

There are two ways to appeal. You can pick the one you want. If you meet with us in person, it may help us decide your case.

- Case Review. You have a right to review the facts in your file. You can give us more facts to add to your file. Then we'll decide your case again. You won't meet with the person who decides your case. This is the only kind of appeal you can have to appeal a medical decision.
- Informal Conference. You'll meet with the person who decides your case. You can tell that person why you think you're right. You can give us more facts to help prove you're right. You can bring other people to help explain your case.

Please read the enclosed pamphlet, "Your Right to Question the Decision Made on Your Claim." It contains more information about the appeal.

Claim Number:

.....

* Type of Claim *

Individual--Disabled

❖ Why We Can't Pay You

Our Decision Is Based On These Facts

- You are living in the State of Maryland for June 1993 on.
- Whether we can pay you money from the State where you live depends on its rules.

- You have monthly income which must be considered in figuring your eligibility as follows:
 - The Social Security benefits-- before deductions for Medicare premiums, if any-- received by your spouse of \$652.00 for June 1993 through July 1993.
 - The net income from self-employment received by your spouse of \$700.00 for June 1993 through July 1993.

SOCIAL SECURITY NOTICE

Special Agent
715/423-~~3743~~
3749

From Department of Health and Human Services
Social Security Administration

DATE: 12/11/92

[REDACTED]
[REDACTED]
[REDACTED]
53910

Why doesn't it state subject of matter

WE NEED TO TALK TO YOU ABOUT AN URGENT SOCIAL SECURITY MATTER.

WILL YOU PLEASE CALL US USING THE FOLLOWING TOLLFREE NUMBER:

1-800-621-8430 (VOICE OR TDD)

MONDAY THROUGH FRIDAY 7:00 AM TO 6:00 PM CST

SATURDAY CLOSED

IF YOU USE A TDD MACHINE TO CALL US, PLEASE TYPE IN A FEW WORDS
AND THEN GIVE US TIME TO TRANSFER YOUR CALL TO THE TDD LINE.

CLAIM NUMBER: [REDACTED]

GREAT LAKES PROGRAM SERVICE CENTER
CHICAGO, ILLINOIS 60606

ATTACHMENT D

SOCIAL SECURITY ADMINISTRATION

Office of Disability and
International Operations
1500 Woodlawn Drive
Baltimore, Maryland 21241

Date: January 25, 1993

Claim Number:

45321

Dear

This is in response to a request for reconsideration filed by your attorney on December 1, 1992. A careful review of this evidence was made. It appears the attorney has not correctly understood the situation. There was no full benefit amount (effective May 1991) without regard to offset. We could provide you with a detailed explanation of how this figure was calculated. It really believe that information would be useful. However, we must conclude that benefits as awarded are correct under the law.

We hope this satisfactorily explains the reason for the determination in your case. If you believe that the reconsideration determination is not correct, you may request a hearing before an Administrative Law Judge of the Office of Hearings and Appeals. If you want a hearing, you must request it not later than 60 days from the date you receive this notice. You should make your request through any Social Security office. Read the enclosed leaflet for a full explanation of your right to appeal.

Joseph R. Muffoletti
Director

Enclosure: SSA-10331

cc: Steven Gompert
Attorney at Law
1642 J St
Arcata CA 95521

Recon/dg/400

ATTACHMENT E

SOCIAL SECURITY ADMINISTRATION

Office of Disability and
International Operations
1500 Woodlawn Drive
Baltimore, Maryland 21241

Refer to:

95525

Dear Ms

This is in response to the request for reconsideration which you filed on June 5, 1992 concerning the adjustment of benefits due to receipt of Supplemental Security Income. We call to your attention that while this agency is very concerned with protecting the appeals rights of applicants, we do not encourage the filing of frivolous appeals. Be that as it may, a careful review of the evidence was made. We find the actions taken on this claim are correct under the law.

Section 1127 of the Social Security Act, as amended by Public Law 96-265, provides that where an individual is entitled to benefits under Title II of the Act (including disability benefits) for a period for which the individual previously received Supplemental Security Income under Title XI of the Act, to insure that the individual does not receive a greater combined total amount under both programs than would have been payable had the retroactive Title II benefits been paid at the time due. This so-called "SSI offset" provision is intended to prevent a situation in which an individual received benefits from both programs which he or she would not have received if benefits had been paid on time. This provision is effective on all Title II cases which are "finally adjudicated" after June 30, 1981. Under the applicable procedures, the date of adjudication is defined as the date on which the actual award is signed by a person authorized to award benefits or, if later, the first date on which all conditions of entitlement are met.

SEE NEXT PAGE

Enclosure:
SSA-10281

ATTACHMENT F

Social Security Administration

TO: ..

Room 1123
300 Ala Moana Blvd.
Honolulu, HI 96850
February 10, 1992

INFORMATION

Phone: 305-541-2622

Place
1. 305-541-2622

TCT 1/13/92
pushed back
to 12 noon
told Donny
told ch. that
I'll go myself
y

into the office before Friday, February 14, 1992 at
and ask for Miss L... The telephone number is
8. We need to talk to you about:
I've your request for reconsideration. You indicated
to have an informal conference concerning your
Security Income overpayment at \$1,041.00.

Mr. Calvin Pang accompany you.

between 3:30 to 4:00.

come to the office, you can call us first to set up an

he into our office, please have this letter with you.
us to serve you more quickly.

S. Cotham
West Pacific Area Manager

Pang

ATTACHMENT G

to savings account number 5 at M&I People's Bank, Adams, WI 53910.

Therefore, based on the facts we have, we cannot waive the collection of this overpayment. This means that you must pay this money back.

How To Pay Us Back

You should refund this overpayment within 30 days. You can send us a check or money order for the full amount of your overpayment of \$1787.04. Make your check or money order out to the Social Security Administration. Be sure to put your claim number, ~~■■■■■~~ AI, on it. Please use the enclosed envelope to mail the check or money order to us.

If you cannot pay us the full amount now, send as much as you can. Then contact any Social Security office. You can pay the rest of the money you owe by making monthly payments.

If You Disagree With This Decision

No information on appeals.

If You Want Help With Your Appeal

You can have a friend, lawyer or someone else help you. There are groups that can help you find a lawyer or give you free legal services if you qualify. There are also lawyers who do not charge unless you win your appeal. We have a list of groups that can help you with your appeal.

If you get someone to help you, you should let us know. If you hire someone, we must approve the fee before he or she can collect it. And if you hire a lawyer, we will withhold up to 25 percent of any past due benefits to pay toward the fee.

If You Have Any Questions

If you have any questions, you should call, write or visit any Social Security office. If you visit an office, please bring this letter. It will help us answer your questions.

Paul Demers
Branch Manager

Enclosure(s):
Return Envelope

not required

cc: file

ATTACHMENT H

c6m

COMMITTEE PRINT

INSURMOUNTABLE BARRIERS:
LACK OF BILINGUAL SERVICES AT SOCIAL
SECURITY ADMINISTRATION OFFICES

A REPORT

FROM THE

NATIONAL SENIOR CITIZENS LAW CENTER
AND EVERGREEN LEGAL SERVICES

TO THE

CHAIRMAN

OF THE

SELECT COMMITTEE ON AGING
HOUSE OF REPRESENTATIVES

ONE HUNDRED SECOND CONGRESS

SECOND SESSION



AUGUST 6, 1992

Comm. Pub. No. 102-869

Printed for the use of the Select Committee on Aging

This document has been printed for informational purposes only. It does not represent either findings or recommendations adopted by this Committee.

U.S. GOVERNMENT PRINTING OFFICE

WASHINGTON 1992

17-206-1

For sale by the U.S. Government Printing Office
Superintendent of Documents, Congressional Sales Office, Washington, DC 20402
ISBN 0-16-038897-x

ATTACHMENT I

EXECUTIVE SUMMARY

The lack of bilingual services at Social Security offices prevents non-English speaking poor, elderly and disabled persons from receiving Social Security, SSI, Medicare and Medicaid benefits. The Social Security Administration's failure to provide bilingual staffing or interpreters and translated written notices harms applicants at every stage of the benefit determination process and jeopardizes the continued receipt of benefits.

LACK OF BILINGUAL SERVICES AT SOCIAL SECURITY OFFICES
NATIONWIDE

Nationwide, non-English speaking poor, elderly and disabled persons are denied access to benefit programs because the Social Security Administration fails to provide bilingual staff or interpreters and translated written notices to assist applicants and benefit recipients.

- 98 percent of advocates for low-income SSA clients indicate that their non-English speaking clients encounter problems due to SSA's lack of bilingual services.
- Although more than 17 million people speak Spanish in the home and this predominant language group continues to grow, 25 percent of SSA's offices which serve Spanish speakers have no Spanish speaking staff.
- Those speaking Vietnamese, Russian, Chinese, and Korean, four of the five most common language groups contacting SSA, will rarely find bilingual staff to assist them at local or district offices; there generally are no bilingual staff at the 800 number to assist these language groups.
- SSA's failure to provide bilingual staff or interpreters has resulted in de facto policy which requires non-English speaking poor, elderly, and disabled persons to provide their own interpreters to assist them.
- 94 percent of advocates for low-income SSA clients report that their non-English speaking clients have problems understanding written notices and letters from SSA because they are not translated into the languages they understand.
- Since 1979, SSA has been required to provide nationwide certain Spanish-language cover notices but advocates for low-income SSA clients report that their Spanish speaking clients receive translated notices sporadically, or not at all.
- SSA provides no translated notices in any language other than Spanish, despite the fact that Vietnamese speaking persons are served at 295 offices; Russian speaking persons are served at 178 offices; Chinese speaking persons are served at 172 offices; and Korean speaking persons are served at 137 offices.

~~For these non-English speaking people who are somehow able to progress through the eligibility process, the Agency's lack of bilingual staff still causes clients to suffer serious delays in first receiving benefits, difficulty in proving eligibility for benefits, and often to receive incorrect benefit amounts. The bilingual staffing shortfall also is linked to the overall difficulty non-English speaking people have in simply obtaining benefits, because SSA cannot effectively provide outreach to them or help them through the application process, as described below.~~

VII. SSA DOES NOT ADEQUATELY MEET THE NEED FOR TRANSLATED WRITTEN COMMUNICATIONS FOR SPANISH OR OTHER LANGUAGES

A. WITH THE EXCEPTION OF SOME SPANISH NOTICES, SSA POLICY IS NOT TO PROVIDE TRANSLATED NOTICES

SSA Commissioner King's April, 1992 letter referred to above, she stated that the Agency provides Spanish speaking clients with fully translated notices for all automated SSI notices, including over-payment notices and notices given at the initial, reconsideration, hearing and Appeals Council levels. SSA has Spanish versions of SSI applications.⁶¹

For Social Security cases, SSA's policy is to send a Spanish cover letter with English language adverse notices such as denials and terminations.⁶² The Spanish cover letters state that the English language notice concerns the person's benefit status or amount, and that the person should obtain assistance or take the notice to a local SSA office for translation. The cover letter also informs the person of the right to appeal the decision. Thus, fully translated notices are not sent to Spanish-speaking Social Security beneficiaries.⁶³ SSA policy is to code in the Master Beneficiary Record kept for all claimants whether that person requires Spanish notices.⁶⁴

For all other languages, SSA provides neither individualized translated notices nor cover letters to accompany any English notices. SSA does not code any language needs other than Spanish into the Master Beneficiary Record.⁶⁵

B. SSA HAS DECLINED TO EXPAND TRANSLATED NOTICES BEYOND SPANISH

While this report has cited compelling data that there is a tremendous need for SSA materials and notices in languages other than Spanish and English, SSA has until now taken the position that it will not expand its provision of translated notices beyond the Spanish language. Congress in Public Law 101-239, mandated that SSA report to the House Ways and Means and the Senate Finance Committees the procedures for issuing notices in languages other than English and reasonable options for expanding the use of notices in languages other than English.

In its March 1991 response to Congress, "Reaching Out . . . Expanding Social Security Notices to Non-English Speaking People," HHS and SSA declined to reach out, stating SSA will not issue notices in languages other than Spanish. SSA stated that of-

fering translated notices in any other languages would be "impractical and unnecessary because of the large number of languages and the very small number of individuals who want notices in those languages."⁶⁶

C. SSA DOES NOT FOLLOW ITS OWN POLICY TO PROVIDE SPANISH LANGUAGE FORMS AND NOTICES

Spanish notices are only provided in some cases, and to some Spanish speaking clients, in contradiction of both *Cruz v. Califano*, discussed above, and the Agency's own policies. Either there is a failure to identify at the outset those needing Spanish notices, or a deficiency in SSA's computer tracking of people identified as Spanish speaking. Although SSA has Spanish SSI applications, the Legal Services community's experience nationwide is that applications for SSI and Social Security are offered to clients only in the English language.¹²¹In the NSCLC survey, almost all respondents, 94 percent, reported that their non-English speaking clients have problems understanding their written notices and letters from SSA because they do not receive them in their own language. According to 63 percent of NSCLC survey respondents, their clients receive no correspondence at all from SSA in their own languages. Because SSA policy is not to provide translated notices other than for Spanish people, those who read other non-English languages, receive notices they cannot understand. This happens even where the notice communicates critical information, including denials of benefits applications and notices of benefit reductions or overpayments, all of which require some response from the person in order to receive benefits.

The NSCLC survey and SSA's DCHR report show that a significant number of Spanish speaking clients get all their notices in English only. Even those who receive some Spanish notices get many of their notices in English only. Of 38 NSCLC survey respondents who have Spanish-speaking clients, half had not seen any Spanish SSI or Social Security client letters or notices. This raises serious questions about whether the Agency is complying with the *Cruz v. Califano* order discussed above. Only 36 percent of NSCLC survey respondents had seen any Spanish correspondence to their clients. Most of those respondents who had seen Spanish notices described seeing Spanish notices only occasionally, with English notices also used for Spanish speaking clients. According to NSCLC survey respondents, it appears most Spanish translated notices are issued by Baltimore or regional processing centers.

DCHR's 1992 report confirms that many clients who should get Spanish notices do not. DCHR cites an SSA study comparing in four areas of the United States and Puerto Rico the percentage of Spanish-speaking population to the percentage of SSA recipients coded by the Agency to receive Spanish notices. The study found the number of Spanish-coded records was below the local population's percentage of Spanish-speakers. For Puerto Rico, with almost a 100 percent Spanish-speaking population, only 45 percent of the case records were coded as requiring Spanish notices.⁶⁷

D. FROM FILLING OUT APPLICATIONS TO REPORTING CHANGES, NON-ENGLISH SPEAKING PERSONS STRUGGLE WITH LANGUAGE BARRIERS

1 FILLING OUT BENEFITS APPLICATIONS IS THE FIRST BARRIER

SSA's failure to provide clients with notices in their own languages severely restricts a significant number of SSI and Social Security applicants' and recipients' ability to communicate with SSA at every step of the benefits process. Filling out an application, the first step in obtaining benefits, may present an insurmountable barrier. According to 85 percent of the NSCLC survey respondents, their clients have difficulty filling out English-language benefits applications. As described above, if non-English speaking applicants go to their local SSA office for help in filling out an application, they are very likely to be told there is no help available, and they must return with their own interpreter. In the rare event that there is a bilingual staff person to help them, they are likely to be told to return another day for the appointment.

2 RECIPIENTS CANNOT UNDERSTAND OR CONTEST BENEFITS CHANGES

Once they become benefit recipients, non-English speaking persons continue to have difficulties communicating with SSA. SSI and Social Security recipients frequently receive notices from SSA describing changes in their benefits, which may result from cost-of-living adjustments, earnings, overpayments and changes in the person's household. Non-English speaking people may have great difficulty in understanding these benefit changes and no way to decide whether they are correct, where they cannot read the English notice. For example, a low-income Spanish speaking woman had her Social Security benefits reduced for more than a year due to an overpayment that was not her fault. If she had understood why the benefits were lowered and her rights, she could have easily obtained a waiver of the overpayment and her higher amount of benefits would have been reinstated. Given notices only in English, and without anyone at SSA to translate the notices for her, she was forced to accept the reduction in her benefits without any idea of why it had happened.

Non-English speaking clients also have difficulty in reporting information to the Agency and appealing adverse decisions because SSA does not provide most of its forms in languages other than English. Forms which clients frequently need to fill out include earnings reports, request for reconsideration of unfavorable decisions, and requests for waivers of overpayments. Difficulty in filling out such forms was cited as a client problem by 76 percent of the NSCLC survey respondents. Again, the lack of bilingual staff compounds the problem of the lack of notice in languages other than English, for there is generally no one at SSA available to assist clients in filling out English forms, even after the client realizes that a particular form should be filled out.

3. LACK OF TRANSLATED NOTICES AND UNINFORMATIVE COVER LETTERS CONTRIBUTE TO DELAYS FOR CLIENTS

The form cover letters given in Spanish along with English Social Security denials and reductions are almost useless. They simply state that the notice concerns the person's benefit eligibility or amount and that he or she should get translation help or go to SSA for assistance. One cannot get translation assistance at an office without bilingual staff. Where there is staff, the lack of individualized Spanish Social Security notices and SSA's failure to issue translated SSI notices increase staff workload and delays, as anyone receiving these English notices must receive individual translation assistance from SSA staff. The New York Regional Office describes the effects of SSA's failure to translate fully Spanish notices: "Since approximately only 18 percent of the individuals living in Puerto Rico are bilingual, one-third of the walk-in traffic in our field offices is to translate notices."⁶⁸

VIII. OUTREACH TO NON-ENGLISH SPEAKING PERSONS CANNOT SUCCEED UNTIL SSA HAS ADEQUATE BILINGUAL STAFF

Although outreach is not a primary subject of this report, it is important to note the negative effects on outreach caused by SSA's lack of bilingual services. SSA conducts outreach to inform the public of its services and the availability of Social Security and SSI benefits through information brochures, public media releases, speaking to community groups, and conducting outreach campaigns. In its outreach demonstration grants given in the last several years, SSA has focused a portion of its grant awards on projects geared to meet the needs of non-English speaking people. However, SSA has yet to approach this task on a nationwide basis, and the scarcity of bilingual staff is likely to severely hinder its ability to do so.⁶⁹ Of the 827 offices serving non-English speaking clients, about one-half said that for FY 1991 or FY 1992 they had not initiated any locally developed public information activities targeted to non-English speaking populations. With neither adequate bilingual staff, nor public information materials for most languages, this is not surprising.

While SSA has made a concerted effort to increase its public information in Spanish, including producing Spanish information mailings (El Correo), radio announcements, and many informational brochures, efforts in other languages have been much less organized. Just this year, SSA produced for national use its first few SSI and Social Security fact sheets in five Asian-Pacific languages. Based on our 1991 FOIA it appears no fact sheets are nationally available for other common languages, such as Russian and Eastern European languages. While some regions and local offices have produced translated information, others provide no information to clients in languages other than Spanish, because there is no policy or process to make regionally produced brochures available nationally.

Non-English speaking households have a particular need for SSA outreach, which SSA's current bilingual staff shortfall makes difficult to perform successfully.⁷⁰ Both a recent GA report on farm-

Chairman JACOBS. Thank you, Ms. Zelenske.
Ms. Shor.

**STATEMENT OF NANCY G. SHOR, EXECUTIVE DIRECTOR,
NATIONAL ORGANIZATION OF SOCIAL SECURITY
CLAIMANTS' REPRESENTATIVES**

Ms. SHOR. Chairman Jacobs and Mr. Bunning, I really appreciate the opportunity to testify before you this morning. I want to discuss some of the problems that we have encountered of notices that the Social Security Administration has sent to our members' clients.

The examples that I want to bring to your attention briefly are not outrageous. They are not unusual. In fact, the worrisome aspect is how very typical they are.

The first category is one which I call inadequate information, where the award notice contains some information but not everything, and it is missing some key information that the recipient really needs to know.

I have appended example A, which is a notice concerning past-due SSI benefits. As you know, SSI being a means-tested program, will have benefit levels fluctuate based upon what other income the individual has. All we can tell from this notice is that the individual is not receiving the full amount of SSI benefits. That amount has been reduced, but we haven't a clue as to what was the income counted in order to make that reduction.

Example B is also typical. It contains a little more information, explaining why an SSI payment amount has been reduced. It says, "We verified that you have had wages since 7/93 that were considered in determining your SSA payment." Surely, the agency must have known the amount of those wages when they wrote that statement, but by not including that in the notice, it leaves this recipient in the dark as to whether that wage report was accurate or not.

The third is example C. This is an individual who had just become homeless for the first time in his life when he received this notice. He had just moved into a homeless shelter. He was very, very afraid of other people in the shelter. He got this SSI notice, which advised him that he would be receiving SSI benefits of zero dollars. The only explanation provided was, "SSA records show you own property of which you do not live and a motor vehicle which does not run," leaving him wondering what property they are talking about, what value SSA assigned to it, how they determined its value, and what use the nonrunning motor vehicle was supposed to be.

His attorney needed 1 month to get this matter straightened out. The individual stayed in the homeless shelter, frightened the entire month, and left the shelter the day that the appropriate SSI check arrived.

These examples are from the SSI program. There are myriad we could bring you from the title II program as well, and I have restricted this to just one, which is our example D, an individual who has been awarded Social Security disability benefits who also receives California State disability benefits. Of course, there is an offset. The notice makes clear that there is going to be an offset. The

notice says, here is the gross amount before the offset; here is the net amount after the offset.

The problem is, the amounts in both charts are exactly the same. It is impossible for this individual to understand which is the gross, which is the net figure, and how the agency got from one to the other. The notice does not include any information on appeal rights, does not include a telephone number, but does add helpfully, "In addition of your State Disability Insurance payments have stopped please notify us at once with proof."

To us, the frustration of these notices is that they are completely unnecessary. In order to calculate SSI benefit amounts, past-due title II amounts, workers' compensation offset amounts, and overpayment amounts, SSA uses data. Why isn't this information presented in the notice at the beginning?

When it isn't there, the individuals who receive them often do one or more of the following one or more times: Call the 800 number, visit the Social Security office, file a formal request for reconsideration, call their Congressman, or file a new application. The result is that the agency, already overburdened, will have to revisit the file and disclose the information.

These, as I say, are not particularly dramatic. They are merely typical examples.

Finally, with example E, which is a reconsideration denial notice that was sent to an individual who had filed a claim, the person suffers from chronic fatigue syndrome. I have included the statement, "The following report was used to decide your claim in addition to those listed in our — Dr. Susan Levine report dictated 12/22/93. You say you are severely disabled because of chronic heart-ache syndrome. Upon receipt of your aggressive reconsideration, we reviewed your claim," et cetera, et cetera.

Skip to the next paragraph. "We find that the previous examination in your case was proper and under the law. However, psychological reports; psychiatric report in file reveal that you can understand, remember, and carry out simple one-step and two-step kinds of instructions. Based upon the discussion of the job you perform the dispatcher, would have determined that you cannot do this job."

This claimant found this letter confusing, hurtful, and she is not at all convinced that anybody at Social Security spent very much time evaluating her claim.

Our final two categories are delayed notices—Social Security frequently sends notices 1 or 2 months after any checks have gone out, which are supposed to explain the check. And finally, in many instances, no notices are sent at all or notices are sent to claimants that may or may not indicate "CC" to the individual's attorney at the bottom, but routinely they are not sent to the attorneys at all, so claimants are left assuming that the attorneys are going to take care of checking the notice for accuracy, whatever, and in fact, the attorney has never received the notice at all.

Thank you very much.

[The prepared statement and attachments follow:]

**STATEMENT OF NANCY G. SHOR
EXECUTIVE DIRECTOR,
NATIONAL ORGANIZATION OF SOCIAL SECURITY CLAIMANTS' REPRESENTATIVES**

Chairman Jacobs and Members of the Social Security Subcommittee, I appreciate the opportunity to testify at this hearing on the quality of the notices which the Social Security Administration sends to beneficiaries and claimants. In my position as executive director of the National Organization of Social Security Claimants' Representatives, I frequently hear from attorneys whose clients have received confusing and often baffling notices from SSA.

Although we can easily produce examples of egregious notices, I can understand that mistakes can happen on occasion in an agency as large as the Social Security Administration. I wish instead to speak to the problems we frequently find in routine notices.

Inadequate Information

The Social Security Administration sends award notices and benefit information notices to new beneficiaries. In addition to general information on Medicare eligibility and the beneficiary's reporting responsibilities, these notices tell beneficiaries the amount of their monthly benefits and the amount of the past-due benefits.

The problem with many of these notices is that so little information is conveyed. Example "A" is a notice concerning past-due SSI benefits. This is all that this recipient received. There is no information on any of the financial data that the agency used to arrive at this amount. It is clear from the gross amount paid to the recipient that she is not getting the full amount of SSI benefits possible for the time period covered. What has SSA deducted? Were the deductions based upon a correct understanding by SSA of the facts concerning this individual's income, or are they based upon mistakes? We have no idea from this award certificate. In addition, please note that this recipient has not been told of her right to file a request for reconsideration within 60 days, although this is the only way for her to formally appeal.

Some notices contain a little more information, but they are still inadequate. Example "B" states, "We verified that you have had wages since 07/93 that were considered in determining your SSI payment." The award certificate, however, still does not tell us the amount of those wages. There is no way for this recipient to determine whether the agency's computation is accurate, since the notice does not provide the information that the agency used. Perhaps the wage information was correct, perhaps it wasn't, but there is no way to tell from this notice.

Another example of inadequate information is Example "C." The individual who received this notice had just become homeless for the first time in his life and was desperate. He had called his attorney just a few days before this notice came in to tell him how frightened he was to be staying at a homeless shelter. He was scared of all the violent people there. In his case, according to the award certificate, this individual will receive SSI benefits of \$0. The only explanation is that "SSA records show you own property of which you do not live and a motor vehicle which does not run." What property are they talking about? What value did SSA assign to it? How did they determine its value? Of what use is the non-running motor vehicle? It took the attorney a month of telephone calls to get this

straightened out. The recipient stayed in the homeless shelter the entire time. He left the shelter the day the check for his retroactive SSI benefits arrived.

These first three examples are from SSI. The same shortcomings are found in routine Title II notices as well. Example "D" is an award certificate for a disability beneficiary who receives California state disability benefits. There is an offset of Social Security disability benefits for public disability payments. This award certificate purports to tell this individual what his gross Social Security benefit amounts are before the offset, and how much he will actually receive after the offset has been applied. If you compare the two payment charts, you will see that they are identical. Based on this information, it is impossible to compute the accuracy of the offset calculation. The notice does not contain information on appeal rights nor does it even include a telephone number. The beneficiary is told only, "In addition of your State Disability Insurance payments have stopped please notify us at once with proof."

To us, the frustration that these notices produce is completely unnecessary. In order to calculate SSI benefit amounts, past-due Title II amounts, worker's compensation offset amounts, and overpayment amounts, SSA uses data. Why isn't this information presented in the notice? When it isn't there, the individuals who receive the notices will often do one or more of the following, one or more times: call the 800-telephone number, visit the local Social Security office, file a formal request for reconsideration, and call their Congressmen. The result is that the agency, already overburdened, will have to revisit the file and disclose the information. Those individuals who do not seek out this information may be unknowingly receiving incorrect amounts of benefits.

The award certificates I have presented are not particularly dramatic. Instead, they are representative of a systemic problem with the agency's award notices. There is only so much that can be done to prevent errors, but we believe that systemic errors such as these can and should be largely eliminated.

Misinformation

Example "E" is a denial notice following reconsideration of a disability claim. It states,

The following report was used to decide your claim in addition to those listed in our

Dr. Susan Levine report dictated 12-22-93

You say that you are severely disabled because of chronic heartache syndrome. Upon receipt of your aggressive reconsideration, we reviewed your claim again. All the evidence in that case was thoroughly evaluated. The information show that your condition is not severe to be considered disabling.

We find that the previous examination in your case was proper and under the law. However, psychological reports; psychiatric report in file reveal that you can understand, remember, and carry out simple one-step and two-step kinds of instructions. Based upon the discussion of the job you perform the dispatcher, would have determined that you cannot do this job.

If your condition gets worse and keeps you from working, write, call or visit any Social Security office about filing another application.

The claimant who received this letter has chronic fatigue syndrome. She found the information confusing and hurtful, and was not at all convinced that her claim had been thoroughly evaluated. The impairment is not hers, and the reference to her ability to perform her former job or any other job is bewildering. In this case, after complaints by her attorney, the state agency did issue a revised notice. It was still a denial, but contained the personalized information she was entitled to. Unfortunately, however, many notices look very much like this one.

Delayed Notices

It is common for SSA to send award notices a month after the check for past-due benefits is sent. Of course this is confusing. These newly-approved beneficiaries usually call the local Social Security office to ask how the check was computed, how many months it covers, etc. Answering these calls is a waste of SSA resources, since these calls could be nearly eliminated if the notices came at the same time as the check.

This problem seems solvable. Because the calculations had to be completed before the check was sent, the calculations should be incorporated into an award certificate sent at the same time the check is sent.

No Notices

Title II beneficiaries do receive award notices, although many come months after the check for past-due benefits and current checks arrive. Many SSI recipients, however, will never receive an award certificate. They will not be advised whether the computation is correct, or how to file an appeal if it is not.

Many Title II claimants and beneficiaries are represented. By regulation and POMS, the agency is to send the same notice to both the individual and to the representative. Frequently the notice is sent only to the claimant. The claimant may assume that the representative received a copy, and that the representative will take care of filing a timely appeal, if necessary. If the representative didn't receive a copy, then the appeal period may lapse and no appeal will have been timely filed. This problem is especially frustrating when the notices to the claimants and the beneficiaries indicates that a copy is being sent to the attorney, but in fact it is not. Missing a filing date means that the attorney will have to pursue a

claim to establish requisite "good cause" for late filing; this is another unnecessary addition to an already burdened process.

It would seem that a systems approach would solve this problem. Once SSA notes on the claim that the claimant is represented, it would seem that the system could be set up to automatically and routinely generate copies of the notices to that representative.

Again, thank you for this opportunity to share our views. We think that the problems are serious but that they are solvable. I am glad to respond to any questions you may have.

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Social Security Administration

Refer to: 291-70-5193

Suite 150
4405 Eland Road
Faleigh, NC 27609
January 28, 1994

NOTICE OF DECISION

RECEIVED

Phone: 750-2933

JAN 29 1994

HALL & JONETH, P. C.

Dear MS [REDACTED]:

Your retroactive SSI payment has been processed and a check for \$ 3034.00 is being sent to you. The payment is for the period 08/93 through 02/94. You may expect this check within three weeks from the date of this letter.

If you have any questions about this you may contact your Social Security office.

cc: YOUR FEE AGREEMENT HAS BEEN APPROVED.
ALLOW 90 DAYS FOR YOUR SOCIAL SECURITY
FEE AMOUNT TO BE FIGURED. AFTER THAT,
YOU WILL BE NOTIFIED CONCERNING THE
CORRECT AMOUNT OF THE SSI FEE.

A



DEPARTMENT OF HEALTH & HUMAN SERVICES

Social Security Administration

Refer to: 245-31-6656

111 Lamon St.
 Fayetteville, NC 28301
 February 24, 1994

NOTICE OF AWARD

Phone: 1-910-433-3022

Mr. [REDACTED]
 [REDACTED]
 [REDACTED]

Dear Mr. [REDACTED]:

The administrative law judge decided on 02/17/94 that you meet the medical requirements to receive Supplemental Security Income (SSI). Because of this, you are now eligible for SSI checks as a disabled individual. The rest of this letter explains what this means to you.

What We Will Pay And When

- o We are sending you a check for \$4376.36. This is money you are due for 01/93 through 03/94. You should receive this check no later than 03/20/94.
- o After that, you will receive your regular monthly check of \$360.50 around the first day of each month.

Your Payment Is Based On These Facts

- o You became eligible on 01/11/93. This was the first day when we could pay you.
- o You were disabled in 01/93.
- o You have been living in the State of North Carolina since 01/93.
- o You have monthly income which we must consider when we figure your payment. Your monthly income is:

We verified that you have had wages since 07/93 that were considered in determining your SSI payment. You also told us that you lived with other people until you moved to your present address in 09/93. You received food and shelter before you moved to the City Mission and you have no loan

B



DEPARTMENT OF HEALTH & HUMAN SERVICES

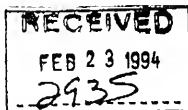
Social Security Administration

Refer to: 245-88-3266

 111 Lamon St.
 Fayetteville, NC 28301
 January 31, 1994

NOTICE OF AWARD

Phone: 1-910-433-3022



Dear _____:

The administrative law judge decided on January 25, 1994 that you meet the medical requirements to receive Supplemental Security Income (SSI). Because of this, you are now eligible for SSI checks as a disabled individual. The rest of this letter explains what this means to you.

What We Will Pay And When

- o We are sending you a check for \$0.. This is money you are due for April 21, 1993 through January 1994. You should receive this check no later than a check will not be issued.
- o After that, you will receive your regular monthly check of \$0. around the first day of each month.

Your Payment Is Based On These Facts

- o You became eligible on April 21, 1993. This was the first day when we could pay you.
- o You were disabled in April 1993.
- o You have been living in the State of North Carolina since April 1993.
- o You have monthly income which we must consider when we figure your payment. Your monthly income is:

SSA records show you own property of which you do not live and a motor vehicle which does not run. SSI is a program based on limited income, resources and also living arrangement. The property and motor vehicle value over

C

\$2000. This prevents eligibility to SSI. The property is not income producing.

We are attaching a separate page that shows how we figured your back check.

Information About Medicaid

The application you filed with us is not an application for medical assistance (Medicaid). If you need medical assistance or have any questions about your eligibility for Medicaid, you should get in touch with Cumberland County Dept. Social Services.

Things To Remember

- o The amount of your checks is based on the information you gave us. If this information changes, it could affect your check amount, so it is important that you report changes to us right away.
- o For example, you should let us know if any of the following things happen:
 - you move,
 - someone else moves into or out of your home,
 - you marry, divorce or separate,
 - you go to work, or
 - your income or resources change.
- o We have enclosed a booklet, "When You Get SSI...What You Need To Know". Please read it to learn more about what must be reported and how to report. We are also enclosing some information about rules that can help you if you are working, or if you decide to work.

Do You Disagree With The Decision?

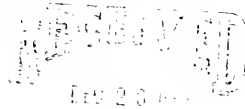
If you disagree with this decision, you have the right to appeal. A person who did not make the first decision will decide your case. We will review those parts of the decision which you disagree with and will look at any new facts you have. We may also review those parts which you believe are correct and may make them unfavorable or less favorable to you.

- o You have 60 days to ask for an appeal.
- o The 60 days start the day after you receive this letter. We assume you got this letter 5 days after the date on it unless you show us that you did not get it within the 5-day period.

Social Security Administration
Retirement, Survivors, and Disability Insurance
 Notice of Award

Office of Disability and
 International Operations
 1500 Woodlawn Drive
 Baltimore, Maryland 21241
 Date: December 13, 1993
 Claim Number:

SEBASTOPOL CA 95472



We are writing to let you know that you are entitled to monthly disability benefits from Social Security beginning September 1992.

What We Will Pay

- Your first check is for \$3,437.00.
- This is the money you are due through November 1993.
- After the first check, you will receive \$316.00 each month.

Your Benefits

The following chart shows your benefit amount(s) before any deductions or rounding. The amount you actually receive may differ from your full benefit amount. When we figure how much to pay you, we must deduct certain amounts, such as Medicare premiums and worker's compensation offset. We must also round down to the nearest dollar.

Beginning Date	Benefit Amount	Reason
September 1992	\$ 286.00	Entitlement began
December 1992	\$ 302.20	Cost-of-living adjustment
December 1993	\$ 316.70	Cost-of-living adjustment

ENCLOSURE:
 SSA-10153
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SEE NEXT PAGE

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SOCIAL SECURITY ADMINISTRATION

PAGE 5

It is important that you let us know if:

- a. There is any change in the workers' compensation payment or in any public disability payment you receive, or
- b. You receive a lump-sum award or any additional payments that supplement your workers' compensation or public disability payments.

You are due: 09/92 \$281.00
12/92 \$302.20
10/93 \$316.70

In addition if your State Disability Insurance payments have stopped please notify us at once with proof. Your full Social Security payment may be payable.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Social Security Administration

EXPLANATION OF DETERMINATION

Name of Claimant DISH	File # Name (if COB or DWE Claim)	SS	Type of Claim 15-4-B
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The following report was used to decide your claim in addition to those listed in our

Dr. Susan Levine report dictated 12-22-93

You say that you are severely disabled because of chronic heartache syndrome. Upon receipt of your aggressive reconsideration, we reviewed your claim again. All the evidence in that case was thoroughly evaluated. The information shows that your condition is not severe to be considered disabling.

We find that the previous examination in your case was proper and under the law. However, psychological reports; psychiatric report in file reveal that you can understand, remember, and carry out simple one-step and two-step kinds of instructions. Based upon the discussion of the job you perform the dispatcher, would have determined that you cannot do this job.

If your condition gets worse and keeps you from working, write, call or visit any Social Security office about filing another application.

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Chairman JACOBS. Thank you.

Mr. Bunning.

Mr. BUNNING. I just would like to ask a general question of both of you. Have you noticed a lowering of the confusion by recipients of Social Security notices in the last 5 years, or a heightening of it? In other words, they say they are improving, they are trying to improve, they are doing this and that and other things.

Ms. ZELENSKE. Based on my nonscientific study, I can't—

Mr. BUNNING. I mean just in your own personal experience.

Ms. ZELENSKE. I can't see any change. We were just talking about this before the hearing. It is amazing how blase you get about the bad notices. This hearing has helped me refocus on that. Getting a notice that is clearly a mistake, as Ms. Walch described, is not that unusual, and you just figure out a way to deal with it. That is the problem, you try to figure out a way to get around it.

I don't see the improvement. I can't test that out.

Mr. BUNNING. Ms. Shor.

Ms. SHOR. That would certainly be our experience, particularly in the areas of overpayments and workers' compensation offset, where the calculations can be complicated. If the data were provided in the award certificate, it could be readily checked and that would be the end of it. But our experience is that very, very seldom is all of the information provided, which only necessitates going back to Social Security and starting over again.

Mr. BUNNING. How many times in representing people have you found the wrong Social Security number and the wrong disability or whatever it might have been that was claimed on the initial application and not ever referred to in any of the notices?

Ms. ZELENSKE. I can't put a number on it. It happens all the time.

Mr. BUNNING. It happens frequently?

Ms. ZELENSKE. Yes. When I was handling cases—it has been a couple of years since I have been handling a regular caseload, but it just happens all the time. You have to start looking at things closely.

Mr. BUNNING. Thank you very much for your testimony.

Chairman JACOBS. Ms. Zelenske, are you saying that it may have improved during the past 2 years without your knowing it?

Ms. ZELENSKE. I don't know. I don't think it has. I can't state it, based on my own handling of cases, but I talk to people all the time from all over the country who complain bitterly about the quality of notices.

Chairman JACOBS. I wonder if it would do any good for you to volunteer to make some suggestions in their efforts at review of their communications. Are you willing to do that?

Ms. ZELENSKE. Yes, and my predecessor, in fact, did. This is also something about history repeating itself, but I pulled out a letter she had written in 1983 replying to some revised notices that SSA was working on. It was, I guess, the initial stages of trying to improve notices, and they had sent them to her and she responded to the quality of the information and whether it was too complicated.

I would be glad to. In my written statement, I did outline some areas that need to be addressed, and it appears that SSA is looking at those areas.

Chairman JACOBS. Was there any response? What was the result of that letter? She didn't hear any more?

Ms. ZELENSKE. In 1983? There didn't seem to be a followup. There was the letter from SSA to Eileen Sweeny, and then she responded, but I didn't see anything else in the file that was a follow-up.

Chairman JACOBS. You have both given very helpful testimony. I know there are representatives of Social Security now that might care to pick your brains a little bit in their efforts. I don't doubt that they are making some serious efforts to make a better world of the Social Security notices. Nobody can think up everything all by him- or herself, and constructive advice, criticism could be very helpful, so I will just mention that.

You have testified here, Ms. Zelenske particularly, many times. You are quite knowledgeable about the other end. The messages are put in a bottle and the idea is that they arrive and can be deciphered when they do, so let us see if anybody gets in touch with you.

Thank you very much.

Ms. ZELENSKE. Thank you.

Ms. SHOR. Thank you.

Chairman JACOBS. The hearing is adjourned.

[Whereupon, at 12:06 p.m., the hearing was adjourned.]

[A submission for the record follows:]

**STATEMENT OF GLENN PLUNKETT
PROGRAM ASSOCIATE
AMERICAN COUNCIL OF THE BLIND**

This is testimony for the record in the hearing to evaluate the accuracy and readability of notices sent to beneficiaries by the Social Security Administration on March 22, 1994 before the Honorable Andy Jacob, Jr., Chairman, Subcommittee on Social Security, Committee on Ways and Means, U.S. House of Representatives. This testimony is submitted on behalf of the American Council of the Blind (ACB).

The American Council of the Blind is a national membership organization established to promote the independence and well-being of individuals who are blind and visually impaired. By providing numerous programs and services, ACB enables blind and visually impaired people to live and work independently, contribute significantly to their communities, and advocate for themselves. Since many of our members are Social Security recipients, ACB would like to stress to the Social Security Administration the importance of issuing understandable and accurate notices to beneficiaries.

It is unfortunate that a program which does so much for so many children, disabled, blind and the elderly has so much difficulty in explaining actions taken on the benefits provided or denied. It is understandable that the Administration must handle the massive "notices" workload by automation. However, standardized statements to fit all situations lead to problems in responding to specific needs.

The notices in the Supplemental Security Income (SSI) program are particularly vulnerable to misleading statements because of the income and resource requirements, and the monthly computational problems caused by retrospective accounting. An example of such a problem is a notice to an individual who was overpaid, recoupment requested and a statement that recoupment would be completed with the next withholding of a small amount. However, the next statement (within a week) was to the effect that the individual owed a different and much larger amount without reference to the prior statement.

Another example in a letter to a (blind) beneficiary in England who was advised of the amount of his Title II benefits, with the standard statement of his appeal rights, within 60 days. However, the letter was undated. The individual did not understand why the benefits were so low (\$44.00 per month) and there was no indication in the notice as to how benefits are determined.

One of the problems is the very complex program requirements and the need to explain such a program in understandable language to a population of all ages and educational levels.

The writer has the unique experience of having worked many years for the Social Security Administration in local offices and in the central office in various programs; and now as a beneficiary of the program. As well, he has a number of years of experience since retiring from Social Security in counseling individuals who are blind about the Social Security Programs. Even with such experience, he finds it difficult in many cases to understand the content of notices sent to applicants and beneficiaries. In addition, it is extremely difficult to find anyone in the Administration who can explain individuals' notices and it is difficult to obtain a timely response to

individual requests. For example, the writer received two notices about his benefits in December 1993 showing that benefits for 1994 would be two different amounts. A request to the program center as to which amount is correct has not been responded to as of this date.

One of the problems with the confusing and complete statements is the loss of appeal rights by individuals who do not understand the notices. Some people do not follow up in an attempt to understand or just give up on the effort. Currently, the writer knows of two situations where individuals have received misleading statements. The recipients questioned local office staffs and were told that the statements were right, even though the notices were based on benefits payable to people who were disabled by conditions other than blindness. The benefits were payable to the recipients under the Social Security rules established for people who are blind.

People who are blind have the additional difficulty of being unable to read the print notices. When a blind individual is aware of a communication from the Social Security Administration, he or she must then arrange for someone to read the notice; this can cause further confusion on the meaning of the notice.

Congress did attempt to assist people who are disabled by blindness by requiring SSA to give individuals applying for or receiving benefits under the Act an option as to how they will be notified that a notice is being sent (sections 221 (1)(1)(2) and 1631 (1)(1)(2) of Titles II and XVI of the Act). They can elect to receive a supplementary notice of decisions with respect to his/her rights under the Act by telephone within 5 working days after the initial notice is mailed; or receive the initial notice in the form of a certified letter; or receive notification by some alternative procedure established by the Secretary and agreed to by the individual.

Those provisions do not address the needs of individuals who receive benefits on the basis of condition other than blindness. This is especially true for those individuals who receive benefits on the basis of age. The population of blind and severely impaired is growing as the population ages. Those on the SSA rolls and who age past 65, should be given an opportunity to elect the method of notification. As of March 23, 1994 the writer counseled a blind person, age 68, who has been on SSI since 1978. He has had numerous redeterminations, but has not made an election according to the local office staff person with access to the individual's records.

Another recent situation is of an applicant, known by the writer, for SSDI based on blindness at age 62. He was not advised of his rights to make an election or asked to make an election.

SSA should give all recipients and beneficiaries who are visually impaired an opportunity to make an election for receipt of notices, whether or not over age 65. SSA could let those who are visually impaired identify themselves as to the need for alternate methods of notification, and their choice.

The same opportunities should be cross referenced to Medicare files for receipt of Medicare notices.

ISBN 0-16-045851-X



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